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U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		1
PRODUCTION OFFICE		

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-104 and
Effective 1-1-65

RECEIVED

I.

Operator	Gulf Oil Corporation	JUL 17 1978
Address	P. O. Box 670, Hobbs, N.M. 88240	O. C. C.
Reason(s) for filing (Check proper box)	Other (Please explain)	ARTEBIA, OFFICE
New Well ☐	Change in Transporter of:	
Recompletion ☐	Oil ☐	Change in ownership effective 7-1-78
Change in Ownership ☒	Casinghead Gas ☐	
	Dry Gas ☐	
	Condensate ☐	

If change of ownership give name and address of previous owner Kewanee Oil Company, P. O. Box 3786, Odessa, Texas 79760

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, including Formation	Kind of Lease	Lease No.
Atoka Grayburg Unit Tr. 2	3	Atoka Grayburg	State, Federal or Fee Fee	
Location				
Unit Letter E	1650	Feet From The North	Line and 990	Feet From The West
Line of Section 13	Township 18S	Range 26E	NMPM,	Eddy
				County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☐ or Condensate ☐	Address (Give address to which approved copy of this form is to be sent)	
Injection Well		
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☐	Address (Give address to which approved copy of this form is to be sent)	
If well produces oil or liquids, give location of tanks.	Unit	Sec.
	Twp.	Rge.
	Is gas actually connected? When	

If this production is commingled with that from any other lease or pool, give commingling order number:

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Re
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
Elevations (DF, RAB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
Perforations	Depth Casing Shoe							
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

(Test must be after recovery of total volume of load oil and must be equal to or exceed top of hole for this depth or be for full 24 hours)

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

GAS WELL

Actual Prod. Test-MCF/24	Length of Test	Bbls. Condensate/AMCF	Gravity of Condensate
Testing (Shut-in, pump, back prod)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

J. B. Sikas, Jr.
(Signature)

Area Engineer

7-18-78

OIL CONSERVATION COMMISSION

APPROVED JUL 20 1978

BY W. A. Gressett
TITLE SUPERVISOR, DISTRICT II

This form is to be filed in compliance with RULE 1104.
If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviate tests taken on the well in accordance with RULE 111.
All portions of this form must be filled out completely for all wells on new and re-completed wells.
Fill out only Sections I, II, III, and VI for changes of ownership, name of number, or transportation, or other such change of conditions.
Separate Form C-104 must be filed for each pool in multi-completed wells.