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

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

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OCT 24 1978

O.C.C.  
ARTESIA, OFFICE

I. Operator  
Gulf Oil Corporation ✓

Address  
Box 670, Hobbs, N.M. 88240

Reason(s) for filing (Check proper box)

New Well ☐  
Recompletion ☐  
Change in Ownership ☐

Change in Transporter of:  
Oil ☐  
Casinghead Gas ☐

Dry Gas ☐  
Condensate ☐

Other (Please explain)

Change in well number designation;  
formerly Tr. 19, Well # 9  
effective 9-1-78

If change of ownership give name  
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease
Atoka San Andres Unit	138	Atoka San Andres	State, Federal or Fee	Fee
Location				
Unit Letter	E	1680 Feet From The	North Line and	990 Feet From The
Line of Section	13	Township	18-S	Range
			26-E	N.M.P.M.
				Eddy

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Injection Well - Closed In	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	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. Pge. 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't.	Drill
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
Elevations (DF, RKB, RT, CR, 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 lost oil and must be equal to or exceed 10% of total volume of lost oil 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/D	Length of Test	Bbls. Condensate/MCF	Gravity of Condensate
Testing Method (prior, back pr.)	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.

Area Engineer

10-16-78

(Title)

(Date)

OIL CONSERVATION COMMISSION

OCT 30 1978

APPROVED

BY

SUPERVISOR, DISTRICT II

This form is to be filed in compliance with RULE 110A.  
If this is a request for allowable for a newly drilled or cased well, this form must be accompanied by a tabulation of the tests taken on the well in accordance with RULE 111.  
All sections of this form must be filled out completely for wells on new and recompleted wells.  
Fill out only Sections I, II, III, and VI for changes of well name or number, or transporter, or other such change of data.  
Separate Forms C-104 must be filed for each pool in recompleted wells.