

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

Form C-104
Supersedes Old C-104 and C-2
Effective 1-1-65

RECEIVED

OCT 24 1978

DATE RECEIVED	
DISTRIBUTION	
AREA	
FILE	
J.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL ☒ GAS ☒
OPERATOR	
PRODUCTION OFFICE	

O. C. C.
ARTESIA, OFFICE

Operator
Gulf Oil Corporation

Address
Box 670, Hobbs, N.M. 88240

Reason(s) for filing (Check proper box)

New Well ☐ Change in Transporter of:
Recompletion ☐ Oil ☐ Dry Gas ☐
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐

Other (Please explain)

Change in well number designation;
formerly Tr. 19, Well #6
effective 9-1-78

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Atoka San Andres Unit	Well No. 139	Pool Name, including Formation Atoka San Andres	Kind of Lease State, Federal or Fee	Fee	Lease No.
Location Unit Letter <u>F</u> : <u>1650</u> Feet From The <u>West</u> Line and <u>1650</u> Feet From The <u>North</u> Line of Section <u>13</u> Township <u>18-S</u> Range <u>26-E</u> . NMDM, <u>Eddy</u> County					

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐ Navajo Refining Company, Pipeline Division	Address (Give address to which approved copy of this form is to be sent) North Freeman Avenue, Artesia, N.M. 88210					
Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐ Phillips Petroleum Company	Address (Give address to which approved copy of this form is to be sent) 4001 Penbrook, Odessa, Texas 79762					
If well produces oil or liquids, give location of tanks.	Unit E	Sec. 13	Twp. 18S	Rge. 26E	Is gas actually connected? Yes	When March, 1960

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. Res'
Date Spudded	Date Compl. Ready to Prod.		Total Depth		F.B.T.D.			
Elevations (DT, R&B, 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
able 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/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, 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.

OIL CONSERVATION COMMISSION

APPROVED OCT 30 1978, 19

BY W. A. Gressett
SUPERVISOR, DISTRICT II

TITLE
This form is to be filed in compliance with RULE 1104.
If this is a request for allowable for a newly drilled or deep
well, this form must be accompanied by a tabulation of the devi-
tats taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for a
able on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of a
well name or number, or transporter, or other such change of cond

Separate Forms C-104 must be filed for each pool in mu
completed wells.

Area Engineer

10-16-78

(Date)