

DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
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
Effective 1-1-65

RECEIVED

OCT 24 1978

I. Operator Gulf Oil Corporation ☒ **O. C. C.**
Address Box 670, Hobbs, N.M. 88240 **ARTESIA, OFFICE**

Reason(s) for filing (Check proper box) Other (Please explain)
New Well ☐ Change in Transporter of: ☐ Change in well number designation;
Recompletion ☐ Oil ☐ Dry Gas ☐ formerly Tr. 16, Well # 3
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐ effective 9-1-78

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>Atoka San Andres Unit</u>	Well No. <u>135</u>	Pool Name, including Formation <u>Atoka San Andres</u>	Kind of Lease State, Federal or Fee <u>Fee</u>	Lea
Location Unit Letter <u>F</u> ; <u>1650</u> Feet From The <u>North</u> Line and <u>2980</u> Feet From The <u>East</u> Line of Section <u>14</u> Township <u>18-S</u> Range <u>26-E</u> , N.M.P.M. <u>Eddy</u>				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☐ or Condensate ☐ <u>Injection Well - Closed In</u>	Address (Give address to which approved copy of this form is to be sent)	
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.	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.	Dis
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 load oil and must be equal to or exceed
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.

N. P. Sikes, Jr.
(Signature)
Area Engineer
10-16-78
(Date)

OIL CONSERVATION COMMISSION
OCT 30 1978

APPROVED _____
BY W. A. Gressitt
TITLE SUPERVISOR, DISTRICT II

This form is to be filed in compliance with RULE 1109
If this is a request for allowable for a newly drilled or
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
able on new and recompleted wells.
Fill out only Sections I, II, III, and VI for changes
well name or number, or transporter, or other such change of
Separate Forms C-104 must be filed for each pool in
completed wells.