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TRANSPORTER	OIL	
	GAS	
OPERATOR		
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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

RECEIVED

OCT 24 1978

I. Operator:

Gulf Oil Corporation ✓

Address

Box 670, Hobbs, N.M. 88240

O.C.C.
ARTESIA, OFFICE

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. 29, Well #2
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	Fee
Atoka San Andres Unit	156	Atoka San Andres	State, Federal or Fee	
Location				
Unit Letter	D	: 330 Feet From The	North Line and	990 Feet From The
Line of Section	23	Township	18-S	Range 26-E, NMPM, 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. 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.	Di
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 allowable 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/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

OIL CONSERVATION COMMISSION

APPROVED

OCT 30 1978

BY

SUPERVISOR, DISTRICT II

TITLE

This form is to be filed in compliance with RULE 110.
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 on new and recompleted wells.
Fill out only Sections I, II, III, and VI for changes in well name or number, or transporter, or other such change of well.
Separate Forms C-104 must be filed for each pool in recompleted wells.