

DISTRIBUTION		2
SANTA FE		✓
FILE		✓
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  
Effective 1-1-65

RECEIVED

OCT 24 1978

I.

Operator Gulf Oil Corporation		O.C.C. ARTESIA, OFFICE	
Address Box 670, Hobbs, N.M. 88240			
Reason(s) for filing (Check proper box)		Other (Please explain)	
New Well <input type="checkbox"/>	Change In Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>	Change in well number designation; formerly Tr. 8, Well #1 effective 9-1-78	
Recompletion <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>		
Change In Ownership <input type="checkbox"/>			

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. 100	Pool Name, including Formation Atoka San Andres	Kind of Lease State, Federal or Fee	Fee
Location Unit Letter <u>D</u> : <u>330</u> Feet From The <u>West</u> Line and <u>990</u> Feet From The <u>North</u> Line of Section <u>12</u> Township <u>18-S</u> Range <u>26-E</u> . NMPM. <u>Eddy</u>				

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		
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.

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.
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.		
Elevations (DF, RAB, 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 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 (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.

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

OIL CONSERVATION COMMISSION

APPROVED OCT 30 1978  
BY W. A. Gussett  
TITLE SUPERVISOR, DISTRICT II

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, able on now 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 recompleted wells.