

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

OCT 14 1980

O. C. D.

ARTESIA, OFFICE

Form C-103
Revised 10-1-78

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LAND OFFICE	
OPERATOR	

5a. Indicate Type of Lease State ☐ Fed ☒
5. State Oil & Gas Lease No.
7. Unit Agreement Name Atoka San Andres Unit
8. Farm or Lease Name
9. Well No. 126
10. Field and Pool, or Wildcat Atoka San Andres
12. County Eddy

SUNDRY NOTICES AND REPORTS ON WELLS
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO CEMENT OR PLUG SALT TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT TO DRILL" (FORM C-101) FOR SUCH PROPOSALS.)

OIL WELL ☐ GAS WELL ☐ OTHER ☒ Injection

Name of Operator
Gulf Oil Corporation

Address of Operator
P. O. Box 670, Hobbs, NM 88240

Location of Well
UNIT LETTER 0 990 FEET FROM THE South LINE AND 2310 FEET FROM THE East LINE, SECTION 12 TOWNSHIP 18S RANGE 26E

15. Elevation (Show whether LF, RT, GR, etc.)
3292' GL

16. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK ☐	PLUG AND ABANDON ☐	REMEDIAL WORK ☐	ALTERING CASING ☐
TEMPORARILY ABANDON ☐	CHANGE PLANS ☐	COMMENCE DRILLING OPNS. ☐	PLUG AND ABANDONMENT ☐
PULL OR ALTER CASING ☐	OTHER ☐	CASING TEST AND CEMENT JOBS ☐	

17. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

Piped bradenheads to surface per NMOCDD rules & regulations. Cellars filled.
Inspected by Mike Williams of OCD.

I, the undersigned, certify that the information above is true and complete to the best of my knowledge and belief.

SIGNED R. D. Pitzer TITLE Area Engineer DATE 10-10-80
APPROVED BY Mike Williams TITLE OIL AND GAS INSPECTOR DATE OCT 16 1980
CONDITIONS OF APPROVAL, IF ANY:

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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 and
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 ☐	Change In Transporter of: Oil ☐ Dry Gas ☐	Change in well number designation; formerly Tr. 13, Well # 1 effective 9-1-78	
Recompletion ☐	Casinghead Gas ☐ Condensate ☐		
Change In Ownership ☐			

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. 126	Pool Name, Including Formation Atoka San Andres	Kind of Lease State, Federal or Fee	Fee	Lease
Location Unit Letter 0 : 990 Feet From The South Line and 2310 Feet From The East					
Line of Section 12 Township 18-S Range 26-E, NMPM, Eddy 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	Pge. 26E	Is gas actually connected? Yes	When 11-25-59

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. R
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
Elevations (DF, RKB, 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 able for this depth or be for full 24 hours)

Date First New Oil Run To Tanks	Date of Test	Producing Method (Fist., 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 First 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.

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

OIL CONSERVATION COMMISSION

OCT 30 1978

APPROVED _____, 19____
BY W. A. Gressett
TITLE SUPERVISOR, DISTRICT II

This form is to be filed in compliance with RULE 1101.
If this is a request for allowable for a newly drilled or dev well, this form must be accompanied by a tabulation of the dev tests taken on the well in accordance with RULE 111.
All sections of this form must be filled out completely for able on new and recompleted wells.
Fill out only Sections I, II, III, and VI for changes of c well name or number, or transporter, or other such change of con
Separate Forms C-104 must be filed for each pool in m completed wells.