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U.S.G.S.		
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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 and C-
Effective 1-1-65

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JUL 17 1978

I. **Operator**
Gulf Oil Corporation
Address
P. O. Box 670, Hobbs, New Mexico 88240
Reason(s) for filing (Check proper box)
New Well ☐ Change in Transporter of:
Recompletion ☐ Oil ☐ Dry Gas ☐ Change in ownership effective 7-1-78
Change in Ownership ☒ Casinghead Gas ☐ Condensate ☐ Well is closed in

If change of ownership give name and address of previous owner Keweenaw Oil Company, P. O. Box 3786, Odessa, Texas 73760

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, including Formation	Kind of Lease	Lease No.
Atoka San Andres Unit Tr.5	1	Atoka (SA)	State, Federal or Fee Fee	
Location				
Unit Letter N	330	Feet From The South	Line and 2310	Feet From The West
Line of Section 11	Township 18S	Range 26E	NMPM,	Eddy County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☐ or Condensate ☐	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 ☐ 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.	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.	Diff. Res.
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
Elevations (DF, RKB, RI, 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 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	Coke Size
Actual Flowing Test	Oil-Gels.	Water-Gels.	Gas-MCF

GAS WELL

Actual Flowing Test	Length of Test	Flow, Condensate/MCF	Gravity of Condensate
Test Pressure (shut-in)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Coke Size

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the information given on this form is true and correct to the best of my knowledge and belief.

Area Engineer

7-16-78

OIL CONSERVATION COMMISSION

JUL 20 1978

APPROVED

SUPERVISOR, DISTRICT II

This form is to be filed in compliance with N.M.S. 1104.

In this form is a request for allowable for a newly drilled or deepened well. It must be accompanied by a tabulation of the data in the form of a well log or other data with N.M.S. 1104.

All wells must be plugged and cemented completely for all operations and recompleting wells.

Top out with Section I, II, III, and IV for changes of ownership, location, or transporting or other such change of condition. Form C-104 must be filed for each well in 1978.