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LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
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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 and C-110
Effective 1-1-65
RECEIVED
SEP 24 1970
O. O. O.
ARTESIA OFFICE

I. Operator **Pope & Burrows** ✓

Address **P. O. Box 753, Artesia, New Mexico 88210**

Reason(s) for filing (Check proper box)

New Well	<input type="checkbox"/>	Change in Transporter of:		Other (Please explain)	Re entry	
Recompletion	<input type="checkbox"/>	Oil	<input type="checkbox"/>	Dry Gas		<input type="checkbox"/>
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>	Condensate		<input type="checkbox"/>

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Gulf State	Well No. 1	Loc. Name, Including Formation Artesia	Kind of Lease State, Federal or Fee	State State	Lease No. B-2123
Location					
Unit Letter 0	1060	Feet From The South	Line and 1560	Feet From The East	
Line of Section 26	Township 18	Range 27E	N.M.P.M.	Bddy Bddy	County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Admiral Crude Oil Corporation	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1713, Midland, Texas 79701				
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> None	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 0	Sec. 26	Twp. 18	Rge. 27 E	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'v.
X							X	
Date Spudded 5-26-70	Date Compl. Ready to Prod. 8-3-70	Total Depth 1958'	P.B.T.D. 1958'					
Elevations (DF, RKB, RT, GR, etc.) 3560 gr	Name of Producing Formation Premier	Top Oil Gas Pay 1940	Tubing Depth 1950'					
Perforations None	OH 1940 - 58		Depth Casing Shoe					
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE 8	CASING & TUBING SIZE 4 1/2" - 2 3/8"	DEPTH SET 1950 - 1628	SACKS CEMENT 50					
	8 3/8"	492						
	5 1/2"	1553 - 1940 for an original comp 35						
	4 1/2"	1628	50					

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 8-3-70	Date of Test 8-3-70	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 hrs	Tubing Pressure None	Casing Pressure None	Choke Size None
Actual Prod. During Test 5 bbls	Oil - Bbls. 5 bbls	Water - Bbls. None	Gas - MCF None

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, 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.

Ruby Parker
Agent
9-24-70
(Date)

OIL CONSERVATION COMMISSION
SEP 25 1970
APPROVED _____, 19____
BY **W. A. Gressett**
TITLE **OIL AND GAS INSPECTOR**

This form is to be filed in compliance with RULE 1104.
If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.
All sections of this form must be filled out completely for allowable on new and recompleted wells.
Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.
Separate Forms C-104 must be filed for each pool in multiply