

NO. OF COPIES RECEIVED		3
DISTRIBUTION		
SANTA FE		
FILE		
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
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-
Eligible 1-65

RECEIVED

JUL 17 1978

O.C.C.
ARTESIA, OFFICE

W W

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 ☐

Other (Please explain)

If change of ownership give name and address of previous owner
Kewanee 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. 10	1	Atoka (SA)	State, Federal or Fee	Fee
Location				
Unit Letter	F	2310 Feet From The	North Line and	1850 Feet From The
Line of Section	12	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		
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'v.
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 load oil and must be equal to or exceed top oil able 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

Post 3
7-21-78
J. A. S.

GAS WELL

Actual Prod. (MCF/D)	Length of Test	Prod. Condensate/MCF	Gravity of Condensate
Testing Pressure (Shut-in, back pr.)	Testing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

VI. CERTIFICATION 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.

W. S. Sikes, Jr.
Area Engineer

7-18-78

OIL CONSERVATION COMMISSION

APPROVED JUL 20 1978

BY: W. A. Grossett
SUPERVISOR, DISTRICT II

TITLE

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 deviated track taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for all new, on new and reworked wells.

Fill out only sections I, II, III, and VI for changes of ownership or number, or transporter or other such change of conditions.

Separate Forms C-104 must be filed for each pool in multi-completed wells.