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TRANSPORTER	OIL	1
	GAS	
OPERATOR		
PRORATION OFFICE		

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS
5-NMOCC-Artesia
1-W.L. BOONE-Houston
1-MIDLAND
1-FILE

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SEP 13 1972

I.

Operator GUTTY OIL COMPANY		O. C. C. ARTESIA, OFFICE
Address P.O. BOX 240, HOBBS, NEW MEXICO 88240		
Reason(s) for filing (Check proper box)		Other (Please explain)
New Well <input checked="" type="checkbox"/>	Change in Transporter of:	CASINGHEAD GAS MUST NOT BE FLARED AFTER 11-9-72 UNLESS AN EXCEPTION TO Rule 306 IS OBTAINED
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 STATE "BJ"	Well No. 2	Pool Name, Including Formation SHUGART	Kind of Lease State, Federal or Fee STATE	Lease No. B-1565
Location Unit Letter C ; 660 Feet From The NORTH Line and 1980 Feet From The WEST Line of Section 36 Township 18-S Range 30-E , NMPM, EDDY 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"/> THE PERMIAN CORPORATION	Address (Give address to which approved copy of this form is to be sent) BOX 3119, 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 F	Sec. 36
	Twp. 18-S	Rge. 30-E
	Is gas actually connected? NO	
	When As Soon as Connection can be Secured.	

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 <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'v. <input type="checkbox"/>	Diff. Res'v. <input type="checkbox"/>
Date Spudded 8-6-72	Date Compl. Ready to Prod. SEPTEMBER 9, 1972	Total Depth 3700'		P.B.T.D. 3390'					
Elevations (DF, RKB, RT, GR, etc.) 3524' GR	Name of Producing Formation YATES SEVEN RIVERS	Top Oil/Gas Pay 2348' 1998'		Tubing Depth 2500'					
Perforations 2348'-2360' and 2466'-2472'				Depth Casing Shoe 3699'					
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT				
11"	8-5/8"		780'		325 SX				
7-7/8"	5-1/2"		3699'		1100 SX				
	2-3/8"		2500'						

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 September 9, 1972	Date of Test September 11, 1972	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 24	Tubing Pressure 30	Casing Pressure 40	Choke Size ---
Actual Prod. During Test 64	Oil - Bbls. 64	Water - Bbls. 0	Gas - MCF 26

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.

C.L. Wade

(Signature)

AREA SUPERINTENDENT

(Title)

SEPTEMBER 11, 1972

(Date)

OIL CONSERVATION COMMISSION

SEP 14 1972

APPROVED

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.