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| 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 OIL C-104 and C-  
Effective 1-1-65

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JUL 27 1978

O.C.C.  
ARTESIA, OFFICE

I.

Operator

Gulf Oil Corporation ✓

Address

Box 670, Hobbs, N.M. 88240

Reason(s) for filing (Check proper box)

New Well ☐

Recompletion ☐

Change in Ownership ☐

Change in Transporter of:

Oil ☐

Casinghead Gas ☐

Dry Gas ☐

Condensate ☐

Other (Please explain)

To show correct condensate transport

If change of ownership give name  
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

|                     |          |                                |                           |               |
|---------------------|----------|--------------------------------|---------------------------|---------------|
| Lease Name          | Well No. | Pool Name, including Formation | Kind of Lease             | Lease No.     |
| Kaiser Communitized | 1        | Red Lake Penn                  | State, Federal or Fee FEE |               |
| Location            |          |                                |                           |               |
| Unit Letter         | C        | 660                            | Feet From The north       | Line and 2020 |
|                     |          | Feet From The west             |                           |               |
| Line of Section     | 18       | Township                       | 18S                       | Range 27E     |
|                     |          | , NMPM, Eddy                   |                           | County        |

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

|                                                                                                                          |                                                                          |      |      |      |                            |         |
|--------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------|------|------|------|----------------------------|---------|
| Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>         | Address (Give address to which approved copy of this form is to be sent) |      |      |      |                            |         |
| Navajo Crude Oil Purchasing                                                                                              | North Freeman Ave., Artesia, N.M. 88210                                  |      |      |      |                            |         |
| Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> | Address (Give address to which approved copy of this form is to be sent) |      |      |      |                            |         |
| Gas Company of New Mexico                                                                                                | First International Bldg., Dallas, TX 75201                              |      |      |      |                            |         |
| If well produces oil or liquids, give location of tanks.                                                                 | Unit                                                                     | Sec. | Twp. | Pge. | Is gas actually connected? | When    |
|                                                                                                                          | C                                                                        | 18   | 18S  | 27E  | Yes                        | 2-26-75 |

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't. | Diff. Res't. |
| Date Spudded                         | Date Compl. Ready to Prod.  |          | Total Depth     |          |        | P.B.T.D.          |             |              |
| Elevations (DF, RAB, 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 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                               | Choke Size |
| Actual Prod. During Test        | Oil - Bbls.     | Water - Bbls.                                 | Gas - MCF  |

GAS WELL

|                                 |                           |                           |                       |
|---------------------------------|---------------------------|---------------------------|-----------------------|
| Actual Prod. Test - MCF/D       | Length of Test            | Bbls. Condensate/MCF      | Gravity of Condensate |
| Testing Method, pump back, etc. | 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.

Area Engineer

7-26-78

OIL CONSERVATION COMMISSION

APPROVED

JUL 28 1978

BY

TITLE SUPERVISOR, DISTRICT II

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 tests taken at the well in accordance with RULE 111.

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

Fill out only Sections I, II, III, and VI for changes of meter well name or number, or transportation or other such change of conditions.

Separate Form C-104 must be filed for each pool in multiple-well wells.