STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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OIL CONSERVATION DIVISION

P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-104
Revised 10-1-78

RECEIVED BY
DEC 22 1983
O. C. D.
ARTESIA, OFFICE

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator: Gulf Oil Corp. ✓

Address: P.O. Box 670 Hobbs, NM 88240

Reason(s) for filing (Check proper box)
- New Well [X]
- Recompletion [ ]
- Change in Ownership [ ]

Change in Transporter of:
- Oil [ ]
- Dry Gas [ ]
- Casinghead Gas [ ]
- Condensate [ ]

Other (Please explain): New Well

If change of ownership give name and address of previous owner: _____

DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease
Atoka San Andres Unit	157	Atoka San Andres	State, Federal or Fee Fee	

Location
Unit Letter E : 2263 Feet From The North Line and 488 Feet From The West
Line of Section 13 Township 18S Range 26E, NMPM, Eddy County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil [X] or Condensate [ ]: Navajo Refining Co.
Address (Give address to which approved copy of this form is to be sent): Box 159 Artesia, NM 88210

Name of Authorized Transporter of Casinghead Gas [X] or Dry Gas [ ]: Phillips Petroleum Co.
Address (Give address to which approved copy of this form is to be sent): 4001 Penbrook, Odessa, TX 79762

If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	E	13	18S	26E	yes	12-19-83

If this production is commingled with that from any other lease or pool, give commingling order number: _____

COMPLETION DATA

Designate Type of Completion – (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. R
	X		X					

Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
11-13-83	12-12-83	1827'	1779'
Elevations (DF, RKB, RT, GR, etc.)	**Name of Producing Formation**	**Top Oil/Gas Pay**	**Tubing Depth**
3301' GL	San Andres	1726'	1760'
Perforations			**Depth Casing Shoe**
1726'-32'			—

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12 1/4"	8 7/8"	932'	650
7 7/8"	5 1/2"	1825'	575
	2 7/8"	1760'	

TEST DATA AND REQUEST FOR ALLOWABLE (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)

OIL WELL

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
12-12-83	12-12-83	Pump.	Post ED-2 ~~12-20-83~~ 1-6-84 temp + BHP
Length of Test	**Tubing Pressure**	**Casing Pressure**	**Choke Size**
24 hrs	25#	25#	—
Actual Prod. During Test	**Oil-Bbls.**	**Water-Bbls.**	**Gas-MCF**
71	61	10	107

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**

CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

R R Pitre
(Signature)
AREA ENGINEER
(Title)
12-20-83
(Date)

OIL CONSERVATION DIVISION

APPROVED JAN 04 1984, 19__
BY Original Signed By Leslie A. Clements
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 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 operator, well name or number, or transporter, or other such change of condition.

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