DISTRIBUTION		
SANTA FE		✓
FILE		✓ ✓
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	✓
	GAS	✓
OPERATOR		✓
PRORATION 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-11
Effective 1-1-65

RECEIVED BY
MAR - 1 1985
O. C. D.
ARTESIA, OFFICE

Operator
Gulf Oil Corp.

Address
P.O. Box 670 Hobbs, NM 88240

Reason(s) for filing (Check proper box)

New Well ☒	Change in Transporter of:			Other (Please explain)
Recompletion ☐	Oil ☐	Dry Gas ☐		New Well
Change in Ownership ☐	Casinghead Gas ☐	Condensate ☐		

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 State, Federal or Fee	Lease No.
Atoka ...	15	Atoka San Andres	Fee	

Location
Unit Letter A ; 1?? Feet From The North Line and 1??0 Feet From The East
Line of Section 14 Township 18S Range 26E , NMPM, Eddy County

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)
Navajo Refining Co.	Box 159 Artesia, NM 88210
Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐	Address (Give address to which approved copy of this form is to be sent)
Phillips Petroleum	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	2-26-85

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. Res'v.
	X		X					

Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
1-25-85	2-10-85	1850'	1805'
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
[illegible]	San Andres	1662'	1745'
Perforations			Depth Casing Shoe
1662-??			—

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
[illegible]	8 5/8	42?	???
[illegible]	5 1/2	1850'	330

Post ID-2
3-2-85
Comp & BK

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.)	
2-10-85	2-24-85	pump	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24 hrs	20#	20#	W.O.
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF
65	47	18	88

GOR 1872:1

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 Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

R L Pite
(Signature)
AREA ENGINEER
(Title)
2-27-85
(Date)

OIL CONSERVATION COMMISSION

APPROVED MAR 6 1985, 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 owner, well name or number, or transporter, or other such change of condition.