NO. OF COPIES RECEIVED			17		
DISTRIBUTIO	DISTRIBUTION TA FE				
SANTA FE					
FILE		1	1		
U.S.G.S.					
LAND OFFICE					
TRANSPORTER	OIL	7			
	GAS	1			
OPERATOR					
PRORATION OFFICE					
Operator					

NEW MEXICO OIL CONSERVATION COMMISSION

Form C-104

	SANTA FE /		FOR ALLOWABLE	Supersedes Old C-104 and C-111		
	U.S.G.S.	-	AND	Effective 1-1-65		
	LAND OFFICE	AUTHORIZATION TO TRA	ANSPORT OIL AND NATURAL G	AS		
	TRANSPORTER OIL	1				
	GAS /			RECEIVED		
	OPERATOR	_		FIVED		
I.	PRORATION OFFICE Operator	<u> </u>		HING		
	Gulf Oil Corporation	e de la companya de		JUN 2 0 1889		
	Address					
	Box 670, Hobbs, New M			ARTEBIA, OFFICE		
	Reason(s) for filing (Check proper box		Other (Please explain)			
	New We!l Recompletion	Change in Transporter of: Oil Dry Ga	Change in oil tra	asporter, effective		
	Change in Ownership	Casinghead Gas Conder	War 20 1060	District Control		
	If change of ownership give name and address of previous owner					
	•					
II.	DESCRIPTION OF WELL AND Lease Name	LEASE Well No. Pool Name, Including Fo	ormation Kind of Lease	Lease No.		
	Bddy MAN' State	3 Bast Millman Q				
	Location		good tall 9	2-1000		
	Unit Letter K ; 19	80_ Feet From The South Lin	ne and 1980 Feet From T	he West		
			•			
	Line of Section 13 To	wnship 19-5 Range 2	5-E , NMPM,	Eddy County		
f T T	DESIGNATION OF TRANSPOR	TER OF OIL AND NATURAL GA	2			
	Name of Authorized Transporter of Oil		Address (Give address to which approve	ed copy of this form is to be sent)		
	Navaje Refining Ce.	Pipeline Division	North Freeman Avenue.	rtesia. New Mexico 88210		
	1		Address (Give address to which approve	ed copy of this form is to be sent)		
	Phillips Petroleum Co	_ 	Phillips Building, Oder			
	If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. 13 198 28 E	Is gas actually connected? When			
				9-13-60		
IV	If this production is commingled wi COMPLETION DATA	th that from any other lease or pool,	give commingling order number:			
• • •		Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.		
	Designate Type of Completic		1 (j	i i		
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.		
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth		
	Lievations (Dr., RRB, RI, GR, etc.)	Name of Producing 1 children	100 011/ 040 1 4/	Tubing Dopin		
	Perforations		<u> </u>	Depth Casing Shoe		
			CEMENTING RECORD			
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT		
v.	TEST DATA AND REQUEST F	OR ALLOWABLE (Test must be a	fter recovery of total volume of load oil a	nd must be equal to or exceed top allow-		
	OII. WELL 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.)					
	Date First New Oil Run 10 Idnks	Date of Test	Producing Method (r.ow, pamp, gas see	, 6,6,7		
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size		
	Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas - MCF		
	CAC WEST Y					
	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 COMPLIAN	CE	OIL CONSERVA	TION COMMISSION		
			JUN 2,6 1969			
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. ORIGINAL SIGNED BY		BY Wai Gressett				
					TITLE OIL AND GAS INSPECTOR	
		NED BY				
			C. D. BORLAND (Signature) Area Production Hanagar		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 allow-					
	(Ti	tle)	able on new and recompleted wells.			
	June 19, 1969		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.			
(Date)			11			

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.

مد الم

The second