

NO. OF COPIES RECEIVED		7
DISTRIBUTION		
SANTA FE		1
FILE		1-
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	1
	GAS	
OPERATOR		4
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-110
Effective 1-1-65

RECEIVED

MAR 8 1965

Operator		O. C. C.
Gulf Oil Corporation		ARTESIA, OFFICE
Address		
Box 670, Hobbs, New Mexico		
Reason(s) for filing (Check proper box)		Other (Please explain)
New Well <input type="checkbox"/>	Change in Transporter of:	Change in pool designation
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 _____

Lease Name		Well No.	Pool Name, Including Formation	Kind of Lease
Holder "CR" Fick		9	North Hackberry - Yates	State, Federal or Fee Federal
Location				
Unit Letter G ; 2310 Feet From The North Line and 1980 Feet From The East				
Line of Section 24 , Township 19-S Range 30-E , NMPM, Midy County				

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>		Address (Give address to which approved copy of this form is to be sent)		
Texas-New Mexico Pipeline Co.		Box 1510, Midland, Texas		
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>		Address (Give address to which approved copy of this form is to be sent)		
No transporter in vicinity				
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.
	K	24	19-S	30-E
				No

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 ^{ty} .	Diff. Res ^{ty} .
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.			
Pool	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/MMCF		Gravity of Condensate	
Testing Method (pitot, back pr.)		Tubing Pressure		Casing Pressure		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.

ORIGINAL SIGNED BY
C. L. BORLAND

(Signature)

Area Production Manager

(Title)

March 4, 1965

(Date)

OIL CONSERVATION COMMISSION

APPROVED MAR 8 1965 , 19

BY M. L. Armstrong

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 Sections I, II, III, and VI only for changes of owner, 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.