

NUMBER OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	1
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
PRORATION OFFICE	1
OPERATOR	3

NEW MEXICO OIL CONSERVATION COMMISSION

(Form C-104)
Revised 7/1/57

Santa Fe, New Mexico

REQUEST FOR (OIL) - ~~(GAS)~~ ALLOWABLE

New Well
Recompletion

This form shall be submitted by the operator before an initial allowable will be assigned to any completed Oil or Gas well. Form C-104 is to be submitted in QUADRUPLICATE to the same District Office to which Form C-101 was sent. The allowable will be assigned effective 7:00 A.M. on date of completion or recompletion, provided this form is filed during calendar month of completion or recompletion. The completion date shall be that date in the case of an oil well when new oil is delivered into the stock tanks. Gas must be reported on 15.025 psia at 60° Fahrenheit.

Hobbs, New Mexico December 18, 1964
(Place) (Date)

WE ARE HEREBY REQUESTING AN ALLOWABLE FOR A WELL KNOWN AS:

Gulf Oil Corporation Federal Holder "CR" Well No. 10, in SE $\frac{1}{4}$ NE $\frac{1}{4}$,
(Company or Operator) (Lease)
H, Sec. 24, T. 19-S, R. 30-E, NMPM., North Hackberry Yates Pool
Unit Letter

Edley

Please indicate location:

D	C	B	A
E	F	G	H
L	K	J	I
M	N	O	P

2310 FN & 990 FEL

(FOOTAGE)

Tubing, Casing and Cementing Record

Size	Feet	Sax
<u>8-5/8"</u>	<u>7.12</u>	<u>430</u>
<u>4-1/2"</u>	<u>21.15</u>	<u>600</u>
<u>2-3/8"</u>	<u>20.50</u>	

County. Date Spudded 11-7-64 Date Drilling Completed 11-10-64
Elevation 3476 Total Depth 2125 PBTD 2072
Top Oil/~~GAS~~ Pay 2022 Name of Prod. Form. Yates

PRODUCING INTERVAL -

Perforations 2022-24 & 2048-50'
Open Hole --- Depth --- Casing Shoe 2125' Depth --- Tubing 2060'

OIL WELL TEST -

Natural Prod. Test: --- bbls. oil, --- bbls water in --- hrs, --- min. Size ---
Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of Choke load oil used): 9 bbls. oil, 60 bbls water in --- hrs, --- min. Size 2"

GAS WELL TEST -

Natural Prod. Test: --- MCF/Day; Hours flowed --- Choke Size ---
Method of Testing (pitot, back pressure, etc.): ---
Test After Acid or Fracture Treatment: --- MCF/Day; Hours flowed ---
Choke Size --- Method of Testing: ---

Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and sand): Fract W/13,000 gal oil W/1/40% Add N-11 & 3" SFO

Casing --- Tubing --- Date first new December 17, 1964
Press. --- Press. --- oil run to tanks

Oil Transporter Texas-New Mexico Pipeline Co.

Gas Transporter No transporter in vicinity

RECEIVED

Remarks: --- DEC 21 1964

I hereby certify that the information given above is true and complete to the best of my knowledge.

Approved DEC 21 1964, 19---

Gulf Oil Corporation
(Company or Operator)

ORIGINAL SIGNED BY
By: --- (Signature)

OIL CONSERVATION COMMISSION

By: M. L. Armstrong

Title OIL AND GAS INSPECTOR

Title Area Production Manager
Send Communications regarding well to:

Name Gulf Oil Corporation

Address ---

Myra Morris
Notary Public
Midland County, Texas

NUMBER OF COPIES RECEIVED 7	
DISTRIBUTION	
SA, TA FE	
FILE	1
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	1
OIL GAS	
PRODUCTION OFFICE	
OPERATOR	4

NEW MEXICO OIL CONSERVATION COMMISSION
SANTA FE, NEW MEXICO
CERTIFICATE OF COMPLIANCE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

FORM C-110
 (Rev. 7-60)

FILE THE ORIGINAL AND 4 COPIES WITH THE APPROPRIATE OFFICE

Company or Operator Gulf Oil Corporation				Lease Federal Holder "OK"		Well No. 10	
Unit Letter H	Section 24	Township 19-S	Range 30-E	County Eddy			
Pool Under North Hackberry Yates				Kind of Lease (State, Fed, Fee) Federal			
If well produces oil or condensate give location of tanks		Unit Letter K	Section 24	Township 19-S	Range 30-E		
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) Box 1510, Midland, Texas			
Is Gas Actually Connected? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>							
Authorized transporter of casing head gas <input type="checkbox"/> or dry gas <input type="checkbox"/>		Date Connected	Address (give address to which approved copy of this form is to be sent)				

If gas is not being sold, give reasons and also explain its present disposition:

No transporter in vicinity.

REASON(S) FOR FILING (please check proper box)

New Well ☐
 Change in Transporter (check one)
 Oil ☐ Dry Gas ☐
 Casing head gas . ☐ Condensate.. ☐

Change in Ownership ☐
 Other (explain below)

New Well

RECEIVED

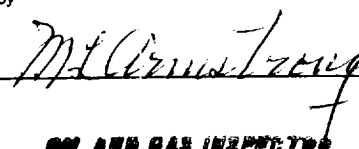
DEC 21 1964

O. D. BORLAND
ARTESIA, OFFICE

Remarks

The undersigned certifies that the Rules and Regulations of the Oil Conservation Commission have been complied with.

Executed this the **18th** day of **December**, 19 **64**.

OIL CONSERVATION COMMISSION		By	
Approved by	 OIL AND GAS INSPECTOR	ORIGINAL SIGNED BY C. D. BORLAND	
Title		Title Area Production Manager	
Date		Company Gulf Oil Corporation	
Date DEC 21 1964		Address Box 670, Hobbs, New Mexico	