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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

Elev  
3385' H<sub>2</sub>O

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MAR 11 1965

O. C. C.  
ARTESIA, OFFICE

I.

Operator <b>Gulf Oil Corporation</b>	
Address <b>Box 670, Hobbs, New Mexico</b>	
Reason(s) for filing (Check proper box)	
New Well <input checked="" type="checkbox"/>	Change in Transporter of:
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"/>
Other (Please explain)	

If change of ownership give name  
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name <b>Holder "OR" F.H.</b>	Well No. <b>11</b>	Pool Name, Including Formation <b>North Hackberry Yates</b>	Kind of Lease State, Federal or Fee <b>Federal</b>
Location			
Unit Letter <b>I</b>	<b>1650</b>	Feet From The <b>South</b> Line and <b>990</b>	Feet From The <b>East</b>
Line of Section <b>24</b>	Township <b>19-S</b>	Range <b>30-E</b>	NMPM, <b>Hddy</b> County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

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

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 <input checked="" type="checkbox"/>	Gas Well	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded <b>February 3, 1965</b>	Date Compl. Ready to Prod. <b>3-7-65</b>	Total Depth <b>2150'</b>	P.B.T.D. <b>2086'</b>					
Pool <b>North Hackberry Yates</b>	Name of Producing Formation <b>Yates</b>	Top Oil/Gas Pay <b>1959</b>	Tubing Depth <b>2065</b>					
Perforations <b>1959-61 &amp; 2030-32'</b>	Depth Casing Shoe <b>2100'</b>							
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
<b>11"</b>	<b>8-5/8"</b>		<b>736</b>		<b>385</b>			
<b>7-7/8"</b>	<b>4-1/2"</b>		<b>2100</b>		<b>300</b>			
	<b>2-3/8"</b>		<b>2065</b>					

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 <b>3-7-65</b>	Date of Test <b>3-7-75</b>	Producing Method (Flow, pump, gas lift, etc.) <b>Pumping</b>	
Length of Test <b>24 hours</b>	Tubing Pressure	Casing Pressure	Choke Size <b>2"</b>
Actual Prod. During Test <b>33</b>	Oil-Bbls. <b>15</b>	Water-Bbls. <b>18</b>	Gas-MCF <b>TSTM</b>

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. D. BORLAND

(Signature)

**Area Production Manager**

(Title)

**March 10, 1965**

(Date)

OIL CONSERVATION COMMISSION

APPROVED **MAR 11 1965**, 19

BY **M. L. Cunningham**

TITLE **Area Prod 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.

WELL NAME AND NUMBER Federal Holder "CR" No. 11

LOCATION 1650' FSL 990' FWL Section 24-19S-30E, Eddy County, New Mexico  
(New Mexico give U,S,T & R; Texas give S,Blk., Sur.& Twp.when required)

OPERATOR GULF OIL CORPORATION

DRILLING CONTRACTOR Technical Drilling Service, Inc.

The undersigned hereby certifies that he is an authorized representative of the drilling contractor who drilled the above-described well and that he has conducted deviation tests and obtained the following results:

Degrees @ Depth	Degrees @ Depth	Degrees @ Depth	Degrees @ Depth
<u>1/2° 512'</u>	<u>                    </u>	<u>                    </u>	<u>                    </u>
<u>3/4° 1015'</u>	<u>                    </u>	<u>                    </u>	<u>                    </u>
<u>3/4° 1520'</u>	<u>                    </u>	<u>                    </u>	<u>                    </u>
<u>1° 2025'</u>	<u>                    </u>	<u>                    </u>	<u>                    </u>
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D.C.C.  
ARTESIA, OFFICE

Drilling Contractor Technical Drilling Service, Inc.

By Charles K. Sufall  
Charles K. Sufall

Subscribed and sworn to before me this 16th day of February, 1965

My Commission Expires:  
June 1, 1965

Notary Public  
Midland County, Texas