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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-110
Effective 1-1-65

JAN 15 1971

O. C. C.

ARTESIA, OFFICE

I. Operator
Gulf Oil Corporation

Address
Box 670, Hobbs, New Mexico 88240

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"/>
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>
		Dry 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 Littlefield AB Federal	Well No. 13	Pool Name, Including Formation Shugart (I, SR, Q, Gbr.)	Kind of Lease State, Federal or Fee Federal	Lease No. NM-014103
Location				
Unit Letter P	660	Feet From The South	Line and 660	Feet From The East
Line of Section 22	Township 18-S	Range 31-E	, NMPM, May 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"/> Texas-New Mexico Pipeline Company	Address (Give address to which approved copy of this form is to be sent) Box 1510, Midland, Texas 79701					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Continental Oil Company	Address (Give address to which approved copy of this form is to be sent) Box 460, Hobbs, New Mexico 88240					
If well produces oil or liquids, give location of tanks.	Unit I	Sec. 22	Twp. 18-S	Rge. 31-E	Is gas actually connected? Yes	When 1-11-71

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 12-24-70	Date Compl. Ready to Prod. 1-8-71	Total Depth 3450'	P.B.T.D. 3412'					
Elevations (DF, RKB, RT, GR, etc.) 3651' OL	Name of Producing Formation Queen	Top Oil Res. Pay 3375'	Tubing Depth 3407'					
Perforations Perforated 5-1/2" casing W/2, 1/2" JHFF at 3375-81' & 3390-96'.			Depth Casing Shoe 3449'					
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
11"	805/8"	715'	350 sacks (Circulated)					
7-7/8"	5-1/2"	3449'	450 sacks (FOG at 1775')					
	2-3/8"	3407'						

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 1-8-71	Date of Test 1-14-71	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 hours	Tubing Pressure --	Casing Pressure --	Choke Size 2"
Actual Prod. During Test 93	Oil - Bbls. 66	Water - Bbls. 27	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 (shut-in)	Casing Pressure (shut-in)	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)

January 14, 1971

(Date)

OIL CONSERVATION COMMISSION

JAN 15 1971

APPROVED _____, 19____

BY W. P. Gressett

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 only Sections I, II, III, and VI 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.

Eugene R. Bond
Notary Public
San County, N.M.