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## NEW MEXICO OIL CONSERVATION COMMISSION

rorm C+104	
Supersedes Old C-104 an	d C-110
Effective 1-1-65	

L	SANTA FE /	REQUEST	FOR ALLOWABLE	Supersedes Old C-104 and C-110		
	FILE /	PFCC	AND	Effective 1-1-65		
į	U.S.G.S.	AUTHORIZATION YOUR	AND ANSPORT OIL AND NATURAL (	GAS		
}	LAND OFFICE					
	TRANSPORTER OIL /	JAN 1 5 1971				
	GAS	111111111111111111111111111111111111111				
	OPERATOR 3					
1.	PRORATION OFFICE	U.C.C.				
	Operator	SIA, OFFICE				
	Gulf 011 Corporation /					
	Bex 670, Hebbs, New Mexico 88240					
			Oshar (Blanca analain)			
	Reason(s) for filing (Check proper box		Other (Please explain)	İ		
Į	New Well	Change in Transporter of:				
i	Recompletion	Oil Dry G	77			
	Change in Ownership	Casinghead Gas Conde	ensate			
	If change of ownership give name					
	and address of previous owner					
II.	DESCRIPTION OF WELL AND	Well No. Pool Name, Including 1	Formation   Kind of Leas	Lease No.		
	Lease Name	13 Syngart (I, SI		al or Fee Federal MM-014103		
	Littlefield AB Pederal	7) minder (1) no				
	Location	Same b	ine and 660 Feet From	_ Kest		
	Unit LetterP;668	Feet From The South Li	ine and Feet From	The		
		38.6	31-E , NMPM,	<b>Eddy</b> County		
	Line of Section 22 To	wnship 13-8 Range	31-8 , NMPM,	County		
			4.0			
III.	DESIGNATION OF TRANSPOR	or Condensate	Address (Give address to which appro	oved copy of this form is to be sent)		
			Box 1510, Midland, Ter			
	Name of Authorized Transporter of Ca	Line Company	Address (Give address to which appro			
			Bex 460, Hebbs, New M			
	Continental Cil Compan			hen		
	If well produces oil or liquids,	Unit Sec. Twp. Rge.		1-11-71		
	give location of tanks.					
	If this production is commingled wi	th that from any other lease or pool	, give commingling order number:			
	COMPLETION DATA		New Well Workover Deepen	Plug Back   Same Res'v. Diff. Res'v.		
	Designate Type of Completic		1 1 1	1		
			Total Depth	P.B.T.D.		
	Date Spudded	Date Compl. Ready to Prod.	3k50'	34321		
	12-24-70	1-8-71 Name of Producing Formation	Top Oil Se Pay	Tubing Depth		
	Elevations (DF, RKB, RT, GR, etc.)	1 _		1		
	3651' GL	GEOGE.	3375'			
	Perforations	- um 1 Au suron et 22	7K_R11 & 3390_961.	1		
	Perforated 5-1/2" casing W/2, 1/2" JHPF at 3375-81' & 3390-96'.  TUBING, CASING, AND CEMENTING RECORD					
				SACKS CEMENT		
	HOLE SIZE	CASING & TUBING SIZE	715'			
	110	805/8"	3/101			
	7-7/8*	5-1/2*	3407'			
		2-3/8"	301.			
		<u> </u>				
V.	TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed top allow able for this depth or be for full 24 hours)					
	OIL WELL	Date of Test	Producing Method (Flow, pump, gas	lift, etc.)		
	Date First New Oil Run To Tanks	<u> </u>	Pump			
	1-8-71	1-14-71	Casing Pressure	Tubing Depth  3k07!  Depth Casing Shoe  3kk9!  RECORD  EPTH SET  SACKS CEMENT  36 sacks (Circulated)  450 sacks (FOC at 1775)  rectal volume of load oil and must be equal to or exceed top allow 124 hours)  hod (Flow, pump, gas lift, etc.)  The Choke Size		
	Length of Test	Tubing Pressure	Cashing 1 to ball	28		
	24 hours	ON This	Water - Bbls.	Gas-MCF		
	Actual Prod. During Test	Oil-Bbls.	27			
	93	66		<del></del>		
	GAS WELL		Bbls. Condensate/MMCF	Gravity of Condensate		
	Actual Prod. Test-MCF/D	Length of Test	DDIS. COMMISSION WINDS			
			Casing Pressure (Shut-in)	Choke Size		
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Committee Commercial	3		
			1			
VI.	CERTIFICATE OF COMPLIAN	iCE		ATION COMMISSION		
				V 1 5 1971		
	I hereby certify that the rules and	regulations of the Oil Conservation	n APPROVED	7		
		with and that the information give	n II / / / /	MAAAAX		

## VI

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

Area Production Manager

Jamery 14, 1971

(Date)

(Signature)

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.

LOCATION 660 (New Mexic	FSL & 660° FEL. Secondary of the FSL & FSL	adtion 22, T-18-S, R s give S,Blk.,Sur.& Twp.	-31-E Eddy Count when required)				
	GULF OIL CORPORATION						
DRILLING CONTR	ACTORCactus Drill	ing Company					
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> </u>	1/2	4.0977	4.0977				
720'	1/4	1.0956	5.1933				
9661	3/4	3.2226	8.4159				
14361	3/4	6.1570	14.5729				
19091	3/4	6.1963	20.7692				
21611	3/4	3.3012	24.0704				
25321	1-1/2	9.7202	33.7906				
28331	1-1/4	6.5618	40.3524				
30581	1	3.9375	44.2899				
33581	1	5.2500	49.5399				
34501	1	1,6100	51.1499				
	7 C E ( ) ( )						
	<del>' 1 5 1971</del>		· · · · · · · · · · · · · · · · · · ·				
,a,	Dri	lling Contractor <u>Cactu</u>	s Drilling Co.				
Subscribed and swor	n to before me this 5	day of January	, 19 <u>71</u>				
My Commission Expire	201	Argine Rotary	-4//V				