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	GAS	/	
OPERATOR		/	
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NEW MEXICO OIL CONSERVATION COMMISSION

REQUEST FOR ALLOWABLE

AUG 31 1976

ARTESIA, OFFICE

Form C-104

Supersedes Old C-104 and C-110

Effective 1-1-65

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

RECEIVED

Operator

Gulf Oil Corporation

Address

Box 670, Hobbs, New Mexico 88240

Reason(s) for filing (Check proper box)

Well Completion Change in Ownership

Change in Transporter of: Oil Casinghead Gas

Dry Gas Condensate

Other (Please explain)

Change in name of gas transporter, effective August 1, 1976

Change of ownership give name and address of previous owner

DESCRIPTION OF WELL AND LEASE

Well Name	Well No.	Pool Name, including Formation	Kind of Lease	Lease No.
Texaco "17" Federal	1	Catclaw Draw-Morrow	State, Federal or Fee Federal	0400877C

Location

Unit Letter K ; 1650 Feet From The South Line and 1850 Feet From The West

Line of Section 17 Township 21-S Range 26-E, NMPM, Eddy County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil or Condensate	Address (Give address to which approved copy of this form is to be sent)
The Permian Corporation	Box 3119, Midland, Texas 79701
Name of Authorized Transporter of Casinghead Gas or Dry Gas	Address (Give address to which approved copy of this form is to be sent)
Gas Company Of New Mexico	Fidelity Union Tower Bldg., Dallas, Texas 75270

If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	K	17	21-S	26-E	Yes	Unknown 3-4-75

If this production is commingled with that from any other lease or pool, give commingling order number:

COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
Elevations (DF, RKB, RT, CR, etc.)	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

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 (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

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.

G. F. Berlin

(Signature)

Area Engineer

(Title)

August 30, 1976

(Date)

OIL CONSERVATION COMMISSION

APPROVED SEP 10 1976

BY W. A. Gressett

TITLE SUPERVISOR, DISTRICT II

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 production.