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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRORATION OFFICE	

NEW MEXICO OIL CONSERVATION COMMISSION  
REQUEST FOR ALLOWABLE  
AND

Form C-104  
Supersedes Old C-104 and C-110  
Effective 1-1-65

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

RECEIVED

MAR 5 1970

O. E. C.  
ARTESIA, OFFICE

I. Operator **Gulf Oil Corporation**

Address **P. O. Box 670, Hobbs, New Mexico 88240**

Reason(s) for filing (Check proper box)

New Well  Change in Transporter of: Oil  Dry Gas  **New Well (dual completion)**

Recompletion  Casinghead Gas  Condensate

Change in Ownership

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name **Beethe "BO" Federal** Well No. **1** Pool Name, including Formation **Union. Book Tank Lower Morrow** Kind of Lease **Federal** Lease No. **NM-3852**

Location

Unit Letter **K**; **2310** Feet From The **South** Line and **2310** Feet From The **WEST**

Line of Section **12** Township **23S** Range **24E**, NMPM, **Eddy** County

III. 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)

Name of Authorized Transporter of Casinghead Gas  or Dry Gas  Address (Give address to which approved copy of this form is to be sent)

**Transwestern Pipeline Company** **P. O. Box 2018, Roswell, New Mexico 88201**

If well produces oil or liquids, give location of tanks. Unit Sec. Twp. Rge. Is gas actually connected? When **6-30-70**

**No - will be furnished by transporter**

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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
		<b>X</b>	<b>X</b>					
Date Spudded <b>10-30-69</b>	Date Compl. Ready to Prod. <b>3-3-70</b>	Total Depth <b>10,350'</b>	P.B.T.D. <b>10,312'</b>					
Elevations (DF, RKB, RT, GR, etc.) <b>4008' GL</b>	Name of Producing Formation <b>Morrow</b>	Top of Gas Pay <b>10,230'</b>	Tubing Depth <b>10,180'</b>					
Perforations <b>10,230-10,233', 10,236-10,246' and 10,249-10,262'</b>	Depth Casing Shoe <b>10,349'</b>							
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
<b>16"</b>	<b>13-3/8"</b>	<b>36'</b>	<b>2 yards (circulated)</b>					
<b>11"</b>	<b>8-5/8"</b>	<b>2,540'</b>	<b>1260 sz (circulated)</b>					
<b>7-7/8"</b>	<b>5-1/2"</b>	<b>10,349'</b>	<b>250 sz (TOC @ 9240')</b>					
	<b>2-7/8"</b>	<b>10,180'</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	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 <b>2385</b>	Length of Test <b>24 hours</b>	Bbls. Condensate/MMCF <b>2 (est.)</b>	Gravity of Condensate <b>53.0</b>
Testing Method (pitot, back pr.) <b>Orifice Meter</b>	Tubing Pressure (shut-in) <b>3200#</b>	Casing Pressure (shut-in) <b>2925#</b>	Choke Size <b>16/64"</b>

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  
O. D. BORLAND

(Signature)

**Area Production Manager**

(Title)

**March 3, 1970**

(Date)

OIL CONSERVATION COMMISSION

APPROVED **JUL 17 1970**, 19

BY **W. A. 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.