

NO. OF COPIES RECEIVED		7
DISTRIBUTION		
SANTA FE		
FILE		
U.S.G.S.		
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

RECEIVED
MAR 5 1970
O. C. C.
ARTESIA OFFICE

I. Operator
Gulf Oil Corporation
Address
P. O. Box 640, Hobbs, New Mexico 88240
Reason(s) for filing (Check proper box)
New Well ☒ Change in Transporter of:
Recompletion ☐ Oil ☐ Dry Gas ☐
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐
Other (Please explain)
New Well (dual completion)

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Boothe "BOM" Federal	Well No. 1	Pool Name, Including Formation Hobbs, Rock Tank Upper Morrow	Kind of Lease State, Federal or Fee Federal	Lease No. 84-3852
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 <input type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)			
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	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.
		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>					
Date Spudded 10-30-69	Date Compl. Ready to Prod. 3-3-70		Total Depth 10,350'		P.B.T.D. 10,180'			
Elevations (DF, RKB, RT, GR, etc.) 4008' GL	Name of Producing Formation Morrow		Top Oil/Gas Pay 9,926'		Tubing Depth -			
Perforations 9926-9941', 10,006-10,015' and 10,064-10,072'					Depth Casing Shoe 10,349'			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
16"	13-3/8"		361		2 yards (circulated)			
11"	8-5/8"		2,540'		1260 sz (circulated)			
7-7/8"	5-1/2"		10,349'		250 sz (100 @ 9240')			

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 1924	Length of Test 24 hours	Bbls. Condensate/MMCF 2 (est)	Gravity of Condensate 52.9
Testing Method (pilot, back pr.) Critical Flow Prover	Tubing Pressure (shut-in) -	Casing Pressure (shut-in) -	Choke Size 32/64"

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
G. D. BORLAND

(Signature)

Area Production Manager

(Title)

March 3, 1970

(Date)

OIL CONSERVATION COMMISSION

APPROVED **JUL 17 1970**, 19

BY **W. A. Gressett**

TITLE **Secretary**

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.

**NEW MEXICO OIL CONSERVATION COMMISSION
WELL LOCATION AND ACREAGE DEDICATION PLAT**

Form C-102
Supersedes C-128
Effective 1-1-65

All distances must be from the outer boundaries of the Section.

Operator Gulf Oil Corporation			Lease Boothe "BO" Federal		Well No. 1
Unit Letter K	Section 12	Township 23-S	Range 24-E	County Eddy	
Actual Footage Location of Well:					
2310 feet from the South line and		2310 feet from the West line			
Ground Level Elev: 4008'	Producing Formation Morrow	Pool Under Rock Tank Upper Morrow		Dedicated Acreage: 640 Acres	

1. Outline the acreage dedicated to the subject well by colored pencil or hachure marks on the plat below.
2. If more than one lease is dedicated to the well, outline each and identify the ownership thereof (both as to working interest and royalty).
3. If more than one lease of different ownership is dedicated to the well, have the interests of all owners been consolidated by communitization, unitization, force-pooling, etc?

RECEIVED
MAR 5 1970
D. C. C.
ARTESIA, OFFICE

☒ Yes ☐ No

If answer is "yes," type of consolidation Working interest Unit. Federal

Communitization approval pending

If answer is "no," list the owners and tract descriptions which have actually been consolidated. (Use reverse side of this form if necessary.) _____

No allowable will be assigned to the well until all interests have been consolidated (by communitization, unitization, forced-pooling, or otherwise) or until a non-standard unit, eliminating such interests, has been approved by the Commission.

CERTIFICATION

I hereby certify that the information contained herein is true and complete to the best of my knowledge and belief.

Name W. B. Borland
Position
Area Production Manager
Company
Gulf Oil Corporation
Date
March 3, 1970

I hereby certify that the well location shown on this plat was plotted from field notes of actual surveys made by me or under my supervision, and that the same is true and correct to the best of my knowledge and belief.

Date Surveyed _____

Registered Professional Engineer
and/or Land Surveyor

Certificate No. _____

