

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-1  
Effective 1-1-65

REC

FEB 29 1972

I. OPERATOR

PENNZOIL UNITED, INC. O.C.C.

Address ARTESIA OFFICE  
P. O. Drawer 1828, Midland, Texas 79701

Reason(s) for filing (Check proper box)

New Well ☒ Change in Transporter of: Oil ☐ Dry Gas ☐  
Recompletion ☐ Casinghead Gas ☐ Condensate ☐  
Change in Ownership ☐

Other (Please explain) Add com to lease name

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Gulf Federal Com.	Well No. 2	Pool Name, Including Formation South Carlsbad (Morrow)	Kind of Lease State, Federal or Fee Federal	Lease No. NM-040547
Location Unit Letter L ; 1,980 Feet From The South Line and 990 Feet From The West Line of Section 6 Township 23-S Range 27-E, NMPM, Eddy County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> The Permian Corporation	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1183 Houston Texas 77001			
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> Transwestern Pipeline Co.	Address (Give address to which approved copy of this form is to be sent) P. O. Box 2521, Houston, Texas, 77001			
If well produces oil or liquids, give location of tanks.	Unit L	Sec. 6	Twp. 23-S	Pge. 27-E
Is gas actually connected?			When 4-7-72	
No Yes			when pipeline laid	

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.
		X	X					
Date Spudded 12-10-71	Date Compl. Ready to Prod. 1-24-72	Total Depth 11,833	P.B.T.D. 11,762					
Elevations (DF, RKB, RT, GR, etc.) 3212.4 G.L.	Name of Producing Formation Morrow	Top Oil/Gas Pay 11,256	Tubing Depth 11,311					
Perforations 11,397' - 11,539'			Depth Casing Shoe 11,830					
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
17-1/4"	13-3/8"	355'	350 SX.					
12-1/4"	9-5/8"	5,335'	1,500 SX.					
8-3/4"	5-1/2"	11,830'	750 SX.					
5-1/2" csq.	2-3/8" & 2-1/16"	11,311'	---					

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
SEE NEW MEXICO FORM C-122			

GAS WELL Delicated flow = 315.35

Actual Prod. Test-MCF/D 1485	Length of Test 4 hours	Bbls. Condensate/MMCF 0	Gravity of Condensate
Testing Method (pitot, back pr.) Back pressure	Tubing Pressure (Shut-in) Various	Casing Pressure (Shut-in) Pkr	Choke Size Various

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.

J. C. Raney  
(Signature)  
Petroleum Engineer  
(Title)  
February 16, 1972  
(Date)

OIL CONSERVATION COMMISSION

APPROVED \_\_\_\_\_, 19\_\_\_\_  
BY W. A. Gressett  
TITLE \_\_\_\_\_

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 multi-