

DISTRIBUTION
 SANTA FE
 FILE
 U.S.G.S.
 LAND OFFICE
 TRANSPORTER
 OIL
 GAS
 OPERATOR
 PRODUCTION OFFICE

NEW MEXICO OIL CONSERVATION COMMISSION
 REQUEST FOR ALLOWABLE
 AND
 TRANSPORTATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
 Supersedes Old C-101 and C-111
 Effective 1-1-65

RECEIVED BY
 MAY 15 1965
 O. C. D.
 ARTESIA, NM

Operator Gulf Oil Corp.
 Address P.O. Box 1645 Hobbs, NM 88240
 Reason(s) for filing (Check proper box)
 New Well ☐ Change in Transporter of ☐
 Completion ☐ Oil ☒ Dry Gas ☐
 Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐
 Other (Please explain)

Change of ownership give name and address of previous owner

DESCRIPTION OF WELL AND LEASE
 Well Name Booth BP Ltd Well No. 3 Pool Name, Including Formation Bushy brow Delaware Kind of Lease State Lease No. NM 111238
 Location
 Unit Letter L : 1650 Feet From The South Line and 330 Feet From The West
 Line of Section 23 Township 26S Range 29E N.M.P.M. 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)
Permian Corp. Box 3119 Midland, TX 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)
Unknown
 Well produces oil or liquids, give location of tanks. L 23 26S 29E Is gas actually connected? No When

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 Reservoir ☐ Part. Reserv.
 Date Spudded Date Compl. Ready to Prod. Total Depth P.D.T.D.
 Deviations (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
Post ID-3
5-24-85
Chg. LT: KOC

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 allowable for this depth or be for full 24 hours)

AS WELL
 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

AS WELL
 Actual Prod. Test - MCF/D Length of Test Bbls. Condensate/MMCF Gravity of Condensate

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.
RDPitre
 (Signature)
AREA ENGINEER
 (Title)
5-13-65
 (Date)

APPROVED
 BY
 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 re-completed 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.