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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 C-104 and C-110
Effective 1-1-67

I. OPERATOR

Operator **Gulf Oil Corporation**

Address **Box 670, Hobbs, New Mexico 88240**

Reason(s) for filing (Check proper box) Other (Please explain)

New Well ☐ Change in Transporter oil ☐

Recompletion ☐ Oil ☐ Gas ☐

Change in Ownership ☐ Casinghead Gas ☐ ☒ **Change in Transporter, effective 3-1-67**

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, If Any	Kind of Lease	Lease No.
Douthitt C Federal	27	Basin Dakota	State, Federal or Fee federal	078092
Location				
Unit Letter L	1850	Feet From The south	790	Feet From The west
Line of Section 27	Township 27N	Range 11W	NMCM, San Juan	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"/>	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 <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Southern Union Gas Co.	Fidelity Union Tower Bldg., Dallas, Texas
If well produces oil or liquid, give location of tanks.	Unit Sec. Twp. R. Is gas actually connected? When
L 27 27N 11W	yes 12-30-61

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

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input type="checkbox"/> or Gas Well <input type="checkbox"/> New Well <input type="checkbox"/> Workover <input type="checkbox"/> Deepen <input type="checkbox"/> Plug Back <input type="checkbox"/> Name of	Diff. Res'v.
Date Spudded	Date Compl. Ready to Prod.	Total Depth
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Gas Pay/Gas Pay
Perforations		Depth Casing Shoe
TUBING, CASING, AND CEMENTING RECORD		
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET
		SACKS CEMENT

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

Test must be after recovery of total volume of load oil and must be equivalent to or greater than 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
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back prod.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

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
C. D. BORLAND

Area Production Manager

2-24-67

(Date)

OIL CONSERVATION COMMISSION

APPROVED **FEB 24 1967** 19
BY **Original Signed by Henry C. Arnold**
TITLE **SUPERVISOR**

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 1104.

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.