

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

Operator Gulf Oil Corporation	
Address P. O. Box 670, Hobbs, NM 88240	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well ☒	Change in Transporter of: Oil ☐ Dry Gas ☐ Casinghead Gas ☐ Condensate ☐
Recompletion ☐	New Well
Change in Ownership ☐	

If change of ownership give name
and address of previous owner

DESCRIPTION OF WELL AND LEASE		Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
Lease Name Fullerton Federal Com		15	W. Kutz Pictured Cliffs	State, Federal or Free Federal	SF-078094
Location					
Unit Letter	M	800	Feet From The	South	Line and 800 Feet From The West
Line of Section	11	Township	27N	Range	11W, NMPM, San Juan County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS				Address (Give address to which approved copy of this form is to be sent)	
Name of Authorized Transporter of Oil ☐ or Condensate ☒				None	
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☒				Box 1492, El Paso, TX 79999	
If well produces oil or liquids, give location of tanks.				Unit	Sec.
				Twp.	Rgo.
				Is gas actually connected? When	
				No	

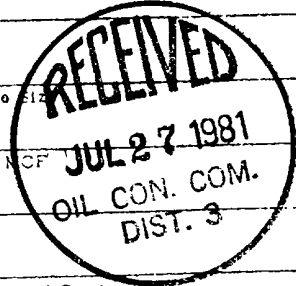
If this production is commingled with that from any other lease or pool, give commingling order number:

COMPLETION DATA		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Reas't	Diff. Reas't
Designate Type of Completion - (X)			XX	XX					
Date Spudded	Date Compl. Ready to Prod.	Total Depth		P.B.T.D.					
9-30-80	12-28-80	2100'		--					
Elevations (DF, REB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay		Tubing Depth					
6191' GL	W. Kutz	1932'		2000'					
Perforations				Depth Casing Shoe					
1932'-1996'				--					

TUBING, CASING, AND CEMENTING RECORD			
MOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
9-7/8"	7"	130'	75
6 1/2"	2-7/8"	2098'	375

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		Bbls. Condensate/MMCF	Gravity of Condensate
Actual Prod. Test-MCF/D	Length of Test	mist	0
444	24 hrs	Casing Pressure (Shut-In)	Choke Size
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-In)	160#	--
flow	95#		

CERTIFICATE OF COMPLIANCE		OIL CONSERVATION COMMISSION	
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.		APPROVED _____ JUL 27 1981	
Area Engineer _____ (Signature)		BY _____ Original Signed by FRANK T. CHAVEZ	
7-23-81 (Date)		SUPERVISOR DISTRICT # 3	
		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.	

