

DIVISION OF OIL CONSERVATION	
LAND AREA	
FILE	
DATE	
LAND OFFICE	
TRANSPORTER	OIL GAS
OPERATOR	
PRODUCTION OFFICE	
Operator	

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

Form O-104
Supersedes O-101 and O-11
Effective 1-1-67

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

If change of ownership give name and address of previous owner

DESCRIPTION OF WELL AND LEASE				
Lease Name	Well No.	Pool Name, including Formation	Kind of Lease	Lease No.
Douthitt "C" Federal	2E	Basin Dakota	State, Federal or Fee Federal	SE-078092
Location				
Unit Letter	P	: 790	Feet From The South	Line and 1850
Line of Section		27	Township	27N
Range		11W	, NMCM, San Juan	
			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 Corporation	Box 3119, Midland, TX 79701					
Name of Authorized Transporter of Coatinghead Gas ☐ or Dry Gas ☒	Address (Give address to which approved copy of this form is to be sent)					
Gas Company of New Mexico	Box 1899, Bloomfield, NM 87413					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rce.	Is gas actually connected?	When
					No	

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

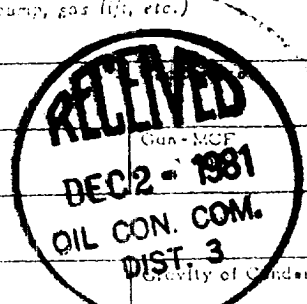
COMPLETION DATA								
Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Sore Res't	Full Res't
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.		
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay			Tubing Depth		
Perforations					Depth Casing Shoe			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			

TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (Test must be after recovery of total volume of lead 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
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.

GAS WELL		
Actual Prod. Test-MCF/D	Length of Test	Lbbls. Condensate/MMCF
Testing Method (piston, back pt.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)
		Choke Size

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.	
APPROVED _____ Original Signed by CHARLES GHOLSON DEPUTY OIL & GAS INSPECTOR	
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 deviate tests taken on the well in accordance with RULE 1104. All portions of this form must be filled out completely before allowable can be determined. Fill out only sections I, II, III, and VI for change of owner, well name or number, transportation, or other such change of conditions.	



R D Pitre
(Signature)
Area Engineer
12-1-81