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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 O-104
Supersedes O-101 and O-102
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:		
Recompletion ☐	Oil ☐	Dry Gas ☒	
Change in Ownership ☐	Casinghead Gas ☐	Condensate ☐	

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				State, Federal or Fee	
Douthitt "C" Federal		3E	Basin Dakota	Federal	8F-078092
Location					
Unit Letter	B	790	Feet From The	North	Line and
					1650
					Feet From The
					East
Line of Section	26	Township	27N	Range	11W
				NMFM,	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 ☒		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)	
Gas Company of New Mexico		Box 1899, Bloomfield, NM 87413	
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.
			Pge.
			Is gas actually connected?
			No

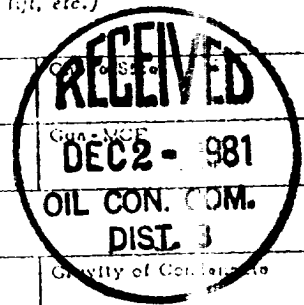
If this production is commingled with that from any other lease or pool, give commingling order number:

COMPLETION DATA		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Save Resv.	Unif. Resv.
Designate Type of Completion - (X)									
Date Spudded	Date Compl. Ready to Prod.	Total Depth		P.D.T.D.					
Elevations (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

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		Ebbs. Condensate/MMCF	Gravity of Condensate
Actual Prod. Test-MMCF	Length of Test		
Testing Method (flow, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size

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 DEC 2 1981	
Area Engineer (Signature)		Original Signed by CHARLES GRULSON	
12-1-81		TITLED DEPUTY OIL & GAS INSPECTOR, DIST. #3	
		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 daily tests taken on the well in accordance with RULE 111.	
		All portions of this form must be filled out completely for allowable can now be recomputed with.	
		Fill out only Sections I, II, III, and IV for changes of owner, well name or number, or transporter or other basic change of condition.	