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

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

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OCT 24 1978

I. OPERATOR

Operator: Gulf Oil Corporation ✓

Address: Box 670, Hobbs, N.M. 88240

Reason(s) for filing (Check proper box):
 New Well Change In Transporter of: Oil Dry Gas
 Recompletion Casinghead Gas Condensate
 Change In Ownership

Other (Please explain): Change in well number designation; formerly Tr. 14, Well # 1 effective 9-1-78

O. C. C.
ARTESIA, OFFICE

If change of ownership give name and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>Atoka San Andres Unit</u>	Well No. <u>134</u>	Pool Name, including Formation <u>Atoka San Andres</u>	Kind of Lease State, Federal or Fee <u>Fee</u>	Lease
Location Unit Letter <u>B</u> ; <u>330</u> Feet From The <u>North</u> Line and <u>1650</u> Feet From The <u>East</u> Line of Section <u>15</u> Township <u>18-S</u> Range <u>26-E</u> , NMPM, <u>Eddy</u> Cour				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> <u>Navajo Refining Company, Pipeline Division</u>	Address (Give address to which approved copy of this form is to be sent) <u>North Freeman Avenue, Artesia, N.M. 88210</u>
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> <u>Phillips Petroleum Company</u>	Address (Give address to which approved copy of this form is to be sent) <u>4001 Penbrook, Odessa, Texas 79762</u>
If well produces oil or liquids, give location of tanks. Unit <u>B</u> Sec. <u>15</u> Twp. <u>18S</u> Rge. <u>26E</u>	Is gas actually connected? <u>Yes</u> When <u>11-25-59</u>

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

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. R
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		

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (Test must be after recovery of total volume of flood oil and must be equal to or exceed top able 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 <u>11-3</u>
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF <u>11-3</u>

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MCF	Gravity of Condensate
Testing Method (pilot, back pr.)	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.

N. P. Sikes, Jr.
Area Engineer
10-16-78
(Date)

OIL CONSERVATION COMMISSION

APPROVED OCT 20 1978, 19
BY W. A. Gussett
TITLE SUPERVISOR, DISTRICT II

This form is to be filed in compliance with RULE 1104.
If this is a request for allowable for a newly drilled or deep well, this form must be accompanied by a tabulation of the day tests taken on the well in accordance with RULE 111.
All sections of this form must be filled out completely for able on new and recompleted wells.
Fill out only Sections I, II, III, and VI for changes of well name or number, or transporter, or other such change of completion.
Separate Forms C-104 must be filed for each pool in uncompleted wells.