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| 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  
Effective 1-1-65

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I.

|  |   |
|--|---|
| Operator<br>Gulf Oil Corporation             |   |
| Address<br>Box 670, Hobbs, N.M. 88240        |   |
| Reason(s) for filing (Check proper box)      |   |
| New Well <input type="checkbox"/>            | Change In Transporter of:<br>Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/><br>Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/> |
| Recompletion <input type="checkbox"/>        | Other (Please explain)<br>Change in well number designation;<br>formerly Tr. 6, Well #1<br>effective 9-1-78   |
| Change In Ownership <input type="checkbox"/> |   |

If change of ownership give name  
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

|   |                 |  |  |     |
|---|-----------------|--|--|-----|
| Lease Name<br>Atoka San Andres Unit   | Well No.<br>113 | Pool Name, Including Formation<br>Atoka San Andres | Kind of Lease<br>State, Federal or Fee | Fee |
| Location<br>Unit Letter J : 1645.5 Feet From The South Line and 2310 Feet From The East<br>Line of Section 11 Township 18-S Range 26-E, NMPM, Eddy Co |                 |  |  |     |

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

|   |  |      |
|---|--|------|
| Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>         | Address (Give address to which approved copy of this form is to be sent) |      |
| Injection Well - Closed In  |  |      |
| Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> | Address (Give address to which approved copy of this form is to be sent) |      |
|   |  |      |
| If well produces oil or liquids,<br>give location of tanks.   | Unit   | Sec. |
|   | Twp.   | Pge. |
|   | Is gas actually connected? When  |      |

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. | Dist. |
| Date Spudded                         | Date Compl. Ready to Prod.  |          | Total Depth     |                   | P.B.T.D.     |           |             |       |
| Elevations (DF, RAB, 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 lost oil and must be equal to or exceed total volume lost 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

|                                  |                           |                           |                       |
|----------------------------------|---------------------------|---------------------------|-----------------------|
| 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.

Area Engineer

10-16-78

(Title)

(Date)

OIL CONSERVATION COMMISSION

OCT 30 1978

APPROVED

BY

TITLE

SUPERVISOR, DISTRICT II

This form is to be filed in compliance with RULE 1103.

If this is a request for allowable for a newly drilled or do well, this form must be accompanied by a tabulation of the data taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for wells 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 cor. Separate Forms C-104 must be filed for each pool in a