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

RECEIVED

OCT 4 1978

I. Operator
 Gulf Oil Corporation ✓
 Address
 Box 670, Hobbs, N.M. 88240
 Reason(s) for filing (Check proper box)
 New Well Change In Transporter of:
 Recompletion Oil Dry Gas
 Change In Ownership Casinghead Gas Condensate
 Other (Please explain)
 Change in well number designation;
 formerly Tr. 6, Well #4
 effective 9-1-78

If change of ownership give name
 and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease
Atoka San Andres Unit	106	Atoka San Andres	State, Federal or Fee	Fee
Location				
Unit Letter	H	660 Feet From The	East	Line and
				2977 Feet From The
				South
Line of Section	11	Township	18-S	Range
				26-E
				N.M.P.M.,
				Eddy
				C

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		
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, give location of tanks.	Unit	Sec.
	Twp.	Range.
		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.	Diff
Date Spudded	Date Compl. Ready to Prod.	Total Depth		P.B.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				

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 that available for this depth or be for full 24 hours)

Dates 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

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MCF	Gravity of Condensate
Testing Method (spot, 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.

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

OIL CONSERVATION COMMISSION

OCT 30 1978

APPROVED _____
 BY W. A. Gressitt
 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 d
 well, this form must be accompanied by a tabulation of the d
 tests taken on the well in accordance with RULE 111.
 All sections of this form must be filled out completely fo
 able on new and recompleted wells.
 Fill out only Sections I, II, III, and VI for changes o
 well name or number, or transporter, or other such change of c
 Separate Forms C-104 must be filed for each pool in