

NO. OF COPIES RECEIVED	5
DISTRIBUTION	
SANTA FE	/
FILE	/
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 and  
 Effective 1-1-65

**RECEIVED**

**JUL 17 1978**

I. Operator: Gulf Oil Corporation ✓  
 Address: P. O. Box 670, Hobbs, New Mexico 88240  
 Reason(s) for filing (Check proper box):  
 New Well  Change in Transporter of: Oil  Dry Gas   
 Recompletion  Casinghead Gas  Condensate   
 Change in Ownership  Change in ownership effective 7-1-78  
 Other (Please explain):

**O. G. G.  
 ARTESIA OFFICE**

If change of ownership give name and address of previous owner: Kewanee Oil Company, P. O. Box 3786, Odessa, Texas 79760

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, including Formation	Kind of Lease	Lease No.
<u>Atoka San Andres Unit Tr. 2</u>	<u>1</u>	<u>Atoka (SA)</u>	<u>State, Federal or Fee</u>	<u>Fee</u>
Location				
Unit Letter	<u>J</u>	<u>1650</u> Feet From The <u>South</u> Line and <u>1650</u> Feet From The <u>East</u>		
Line of Section	<u>10</u>	Township <u>18S</u>	Range <u>26E</u>	<u>NMPM, Eddy</u> Count

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
<u>Navajo Refining Company, Pipeline Division</u>	<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"/>	Address (Give address to which approved copy of this form is to be sent)					
<u>Phillips Petroleum Company</u>	<u>4001 Penbrook, Odessa, Texas 79762</u>					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	<u>I</u>	<u>10</u>	<u>18S</u>	<u>26E</u>	<u>Yes</u>	<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. Res.
<u>X</u>								
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
Elevations (DF, RAB, 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 load oil and must be equal to or exceed top all 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	
Actual Flow During Test	Oil-BB a.	Water-BB's.	Gas-MCF	

CASING

Actual Flow (Test-MCF/D)	Length of Test	Ello. Condensate/MCF	Gravity of Condensate
Testing Method, (wt. Sack, etc.)	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.

H. J. Schick, Jr.  
 (Signature)

Area Engineer

7-16-78

(Date)

OIL CONSERVATION COMMISSION

APPROVED

**JUL 20 1978**

BY

W. A. Gussert

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 deepened well, this form must be accompanied by a tabulation of the deviated tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for all wells on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of ownership or operator, or to reoperator, or other such change of condition. Separate Form C-104 must be filled for each pool in multiple