

DISTRIBUTION	2
SALE	1
FILE	1
G.S.	
LAND OFFICE	
TRANSPORTER	OIL 1
	GAS
OPERATOR	5
PRORATION 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 C-110  
 Effective 1-1-65

**RECEIVED**

JAN 20 1975

**I. OPERATOR**  
 Operator: Gulf Oil Corporation  
 Address: Box 670, Hobbs, New Mexico 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): To show gas used for fuel on lease

If change of ownership give name and address of previous owner: 2-5171 3-10-74  
Cometary - Grayburg - San Andres

**II. DESCRIPTION OF WELL AND LEASE**  
 Lease Name: Jones Federal (NCT-A)      Well No.: 1      Pool Name, including Formation: Wildcat C-Sa  
 Kind of Lease: Federal      Lease No.: 0554950A  
 Location:  
 Unit Letter L      2310 Feet From The South Line and 660 Feet From The West  
 Line of Section 14      Township 20-S      Range 25-E      NMPM, Lea County

**III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS**  
 Name of Authorized Transporter of Oil  or Condensate   
The Permian Corporation      Address (Give address to which approved copy of this form is to be sent)  
Box 1183, Houston, Texas 77001  
 Name of Authorized Transporter of Casinghead Gas  or Dry Gas   
Used on lease for fuel for heater treater      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.      Rge.      Is gas actually connected?      When  
L      14      20-S      25-E

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'v.  
 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 load 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      Choke Size  
 Actual Prod. During Test      Oil - Bbls.      Water - Bbls.      Gas - MCF

**GAS WELL**  
 Actual Prod. Test - MCF/D      Length of Test      Bbls. Condensate/MMCF      Gravity of Condensate  
 Testing Method (pitot, 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.  
[Signature]  
 Area Engineer  
 January 17, 1975  
 (Date)

**OIL CONSERVATION COMMISSION**  
 JAN 23 1975  
 APPROVED \_\_\_\_\_, 19\_\_\_\_  
 BY [Signature]  
 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 deviation tests taken on the well in accordance with RULE 111.  
 All sections of this form must be filled out completely for allowable on new and recompleted wells.  
 Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter or other such change of condition.