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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-101 and C-1
Effective 1-1-65

Operator Gulf Oil Corp.
Address P.O. Box 670, Hobbs, NM 88240
Reason(s) for filing (Check proper box)
New Well ☐ Change in Transporter of: Oil ☐ Dry Gas ☐
Recompletion ☐ Coastinghead Gas ☐ Condensate ☐
Change in Ownership ☐
Other (Please explain) Change Well Number

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

DESCRIPTION OF WELL AND LEASE
Lease Name M.A. Ramsay (WCT-D) Well No. 4 Pool Name, including Formation Dollarhide Subb Drinkard Kind of Lease State, Federal or Fee Lease No. 15782-C
Location
Unit Letter L : 1980 Feet From The South Line and 660 Feet From The West
Line of Section 28 Township 24S Range 38E , NMPM, Lea County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS
Name of Authorized Transporter of Oil ☒ or Condensate ☐
Permian Corp. Address (Give address to which approved copy of this form is to be sent) Box 3119, Midland, TX 79701
Name of Authorized Transporter of Coastinghead Gas ☒ or Dry Gas ☐
Unknown 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 L Sec. 28 Twp. 24S Rge. 38E Is gas actually connected? No When _____

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

COMPLETION DATA
Designate Type of Completion - (X)
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 _____

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/MCF _____ Gravity of Condensate _____
Testing Method (Flow, back pr.) _____ Tubing Pressure (shut-in) _____ Casing Pressure (shut-in) _____ Choke Size _____

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.
R.D. Prite
(Signature)
AREA ENGINEER
(Title)
8-22-84
(Date)

OIL CONSERVATION COMMISSION
APPROVED AUG 22 1984, 19____
BY Eddie W. Seay
Oil & Gas Inspector
TITLE _____
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 deviate 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.