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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
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

I.

Operator Gulf Oil Corporation	
Address P.O. Box 98; Andrews, Texas	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input checked="" type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Lea "FH" State	Well No. 1	Pool Name, including Formation Inbe Penn	Kind of Lease State, Federal or Fee State	Lease No. E-8447-1
Location Unit Letter N ; 660 Feet From The South Line and 1836 Feet From The West				
Line of Section 18 Township 11S Range 34E , NMPM, Lea County				

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) Pan American Petroleum Corp. - Trucks P.O. Box 1725; Midland, Texas					
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) Warren Petroleum Corp. 725 Gulf Bldg.; Midland, Texas					
If well produces oil or liquids, give location of tanks.	Unit N	Sec. 18	Twp. 11S	Rge. 34E	Is gas actually connected? No	When Soon as possible

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)	<input checked="" type="checkbox"/> Oil Well	<input type="checkbox"/> Gas Well	<input checked="" type="checkbox"/> New Well	<input type="checkbox"/> Workover	<input type="checkbox"/> Deepen	<input type="checkbox"/> Plug Back	<input type="checkbox"/> Same Res'tv.	<input type="checkbox"/> Diff. Res'tv.
Date Spudded 8-24-67	Date Compl. Ready to Prod. 9-28-67		Total Depth 9920'		P.B.T.D. 9904'			
Elevations (DF, RKB, RT, GR, etc.) 4203' GR; 4218' RKB	Name of Producing Formation Bough "C" of Penn.		Top Oil/Gas Pay 9867'		Tubing Depth 9854'			
Perforations 9869-9875' v/2 JHP (12 holes) R JWR					Depth Casing Shoe 9920'			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17 1/2"	13 3/8" OD		360'		320; circulated			
11"	8 5/8" OD		4000'		500			
Top cement behind 8 5/8" OD casing @ 2100' as per temp. survey.								
7 7/8"	5 1/2" OD		9920'		900			
Top cement behind 5 1/2" OD casg @ 5500' as per temp. survey.								

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 9-29-67	Date of Test 9-30-67	Producing Method (Flow, pump, gas lift, etc.) Flow	
Length of Test 24 hours	Tubing Pressure 250 psig	Casing Pressure Packer	Choke Size 16/64"
Actual Prod. During Test	Oil-Bbls. 323	Water-Bbls. 3	Gas-MCF 626.7

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.

J. L. McNeil
(Signature)
Petroleum Engineer
(Title)
10-2-67
(Date)

OIL CONSERVATION COMMISSION	
APPROVED	19
BY	FORWARDED TO FIELD OFFICE
TITLE	SIGNED BY
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.	
Separate Forms C-104 must be filed for each pool in multiply completed wells.	