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| 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
Box 93; Andrews, Texas

Reason(s) for filing (Check proper box) Other (Please explain)

| | |
|--|---|
| <input checked="" type="checkbox"/> New Well <input type="checkbox"/> Changing operator <input type="checkbox"/> Change in ownership | Change in Transporter of: <input type="checkbox"/> Oil <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Dry Gas <input type="checkbox"/> Condensate |
|--|---|

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

II. **DESCRIPTION OF WELL AND LEASE**

| | | | |
|---|----------------------|---|---|
| Lease Name Federal Brown "A" | Well No. 1 | Pool Name, including Formation Undesignated | Kind of Lease State, Federal or Fee Federal |
| Location: Unit Letter F ; 1980 Feet From The North Line and 1980 Feet From The West Line of Section 4 , Township 8-S Range 35-E , NMPM, Roosevelt 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"/> Matwood Corporation | Address (Give address to which approved copy of this form is to be sent) 2003 Wilco Bldg; Midland, Texas |
| Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> None | Address (Give address to which approved copy of this form is to be sent) ---- |
| If well produces oil or heavier, give location of tanks. | Unit 0 Sec. 5 Twp. 8-S Rge. 35-E Is gas actually connected? No 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) | <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'v. | <input type="checkbox"/> Diff. Res'v. |
| Date Spudded 11-2-64 | Date Compl. Ready to Prod. 3-29-65 | Total Depth 4803' | P.B.T.D. 4708' | | | | | |
| Pool Undesignated | Name of Producing Formation San Andres | Top Oil/Gas Pay 4552.5' | Tubing Depth 4661' | | | | | |
| Perforations 4552.5-55.5'; 4596.5-99.5'; 4612.5-15.5'; 4632.5-35.5' | | | Depth Casing Shoe 4803' | | | | | |
| TUBING, CASING, AND CEMENTING RECORD | | | | | | | | |
| HOLE SIZE | CASING & TUBING SIZE | DEPTH SET | SACKS CEMENT | | | | | |
| 12 1/4" | 8 5/8" OD | 442' | 250 | | | | | |
| 7 7/8" | 4 1/2" OD | 4803' | 450 | | | | | |
| | 2 3/8" OD | | | | | | | |

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 3-29-65 | Date of Test 3-30-65 | Producing Method (Flow, pump, gas lift, etc.) Pump | |
| Length of Test 24 hours | Tubing Pressure 5# | Casing Pressure 5# | Choke Size 2" |
| Actual Prod. During Test 25 barrels | Oil-Bbls. 6 | Water-Bbls. 19 | Gas-MCF TEST |

GAS WELL

| | | | |
|----------------------------------|-----------------|-----------------------|-----------------------|
| Actual Prod. Test-MCF/D | Length of Test | Bbls. Condensate/MMCF | Gravity of Condensate |
| Testing Method (pitot, back pr.) | Tubing Pressure | Casing Pressure | 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
(Title)
3-30-65
(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19____

BY _____

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 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 Sections I, II, III, and VI only 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.