

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

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

PURSUANT TO THE ACT OF MARCH 1, 1957, TO PROHIBIT
AND REGULATE THE TRANSPORTATION OF OIL AND NATURAL GAS
UNLESS A CASE IS MADE OUT FOR SUCH TRANSPORTATION
EXCEPT TO THE EXTENT OF SUCH CASE IS MADE OUT

I. Operator
Gulf Oil Corporation
Address
P.O. Box 98, Andrews, Texas 79714
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)

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Roosevelt "AM" State	Well No. 1	Pool Name, including Formation Undesignated (Lower San Andres)	Kind of Lease State, Federal or Fee State	Lease No. K-6285
Location Unit Letter B ; 660 Feet From The North Line and 1980 Feet From The East Line of Section 32 Township 7-South Range 36-East , 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"/> The Permian Corporation	Address (Give address to which approved copy of this form is to be sent) P.O. Box 3119 - Midland, Texas 79701			
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Negotiating for contract	Address (Give address to which approved copy of this form is to be sent) Negotiating for contract			
If well produces oil or liquids, give location of tanks.	Unit B	Sec. 32	Twp. 7-S	Rge. 36-E
	Is gas actually connected?		When	
	No		As 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)	Oil Well <input checked="" type="checkbox"/>	Gas Well	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded 2-27-69	Date Compl. Ready to Prod. 3-18-69		Total Depth 4350'		P.B.T.D. 4322'			
Elevations (DF, RKB, RT, GR, etc.) 4139KMB	Name of Producing Formation Lower San Andres		Top Oil/Gas Pay 4292'		Tubing Depth 4273'			
Perforations 4294-98' 2 JPT				Depth Casing Shoe 4350'				
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12 1/4"	8 5/8"		363'		225			
7 7/8"	4 1/2"		4322'		900			
Tubing	2 3/8"		4273'					

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 3-18-69	Date of Test 3-19-69	Producing Method (Flow, pump, gas lift, etc.) Flow	
Length of Test 21 hours	Tubing Pressure 105 psig	Casing Pressure Packed Off	Choke Size 16/64"
Actual Prod. During Test	Oil - Bbls. 180	Water - Bbls. 23 (Load)	Gas - MCF 50

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

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.

E. R. ...
(Signature)

Area Engineer
(Title)

March 21, 1969
(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19____
BY **[Signature]**
TITLE **SUPERVISOR**

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.