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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

PURSUANT TO THE RULES THIS AUTHORITY TO PRODUCE AND SELL OIL FROM THIS WELL WILL AUTOMATICALLY EXPIRE UNLESS A CASINGHEAD GAS CONTRACT OR AN AUTHORIZED EXCEPTION TO THE NO-FLARE RULE HAS BEEN OBTAINED BY:

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

I. DESCRIPTION OF WELL AND LEASE

Lease Name Roosevelt "AN" State	Well No. 2	Pool Name, Including Formation Undesignated (Lower San Andres)	Kind of Lease State, Federal or Fee State	Lease No. K-6285
Location Unit Letter G ; 1780 Feet From The North Line and 1980 Feet From The East				
Line of Section 32 Township 7-S Range 36-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"/> Mobil Pipe Line Co.	Address (Give address to which approved copy of this form is to be sent) P. O. Box 980, Dallas, Texas					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Cities Service Oil Co.	Address (Give address to which approved copy of this form is to be sent) P. O. Box 380, Tulsa, Okla. 74102					
If well produces oil or liquids, give location of tanks.	Unit 0	Sec. 32	Twp. 7-S	Rge. 36-E	Is gas actually connected? No	When Will tie in approx. 6-4-69.

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 5-15-69	Date Compl. Ready to Prod. 5-26-69		Total Depth 4400'		P.B.T.D. 4366'			
Elevations (DF, RKB, RT, GR, etc.) 4128' Gr.	Name of Producing Formation Lower San Andres		Top Oil/Gas Pay 4318'		Tubing Depth 4340'			
Perforations 4318-24				Depth Casing Shoe				
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12-1/4"	8-1/8" Csg.		360'		225 sz Inner Joint			
7-7/8"	4-1/2" Csg.		4400'		1050 sz 1 1/4" Gulf & 100 sz Inner Joint			
Tubing	2-3/8"		4340'					

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)

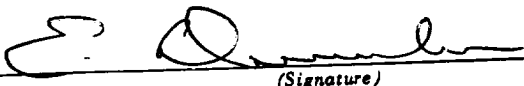
Date First New Oil Run To Tanks 5-27-69	Date of Test 5-28-69	Producing Method (Flow, pump, gas lift, etc.) Flow	
Length of Test 6 hrs.	Tubing Pressure 100	Casing Pressure 250	Choke Size 48/64
Actual Prod. During Test	Oil - Bbls. 130	Water - Bbls. 15 Load Water	Gas - MCF 37

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
(Title)

5-29-69
(Date)

OIL CONSERVATION COMMISSION

APPROVED

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 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.