STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

Form C-104
Revised 10-1-78

OIL CONSERVATION DIVISION

P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

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LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OFFICE		

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator: Gulf Oil Corporation

Address: P.O. Box 670, Hobbs, NM 88240

Reason(s) for filing (Check proper box)

- New Well ☐
- Recompletion ☐
- Change in Ownership ☐
- Change in Transporter of:
  - Oil ☐
  - Dry Gas ☐
  - Casinghead Gas ☐
  - Condensate ☐
- Other (Please explain): Gas Connected

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

I. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
Lea "CK" State (WCT-B)	1	Saunders Permo Penn Upper	State, Federal or Fee: State	B10363

Location

Unit Letter N : 660 Feet From The South Line and 1980 Feet From The West

Line of Section 16 Township 14S Range 33E, NMPM, Lea County

II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐: Texas-New Mexico Pipeline

Address (Give address to which approved copy of this form is to be sent): Box 1510 Midland, TX 79701

Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐: Warren Petroleum

Address (Give address to which approved copy of this form is to be sent): Box 1589, Tulsa, OK 74100

If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	P	16	14S	33E	Yes	7-30-83

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

III. COMPLETION DATA

Designate Type of Completion – (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.

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

IV. TEST DATA AND REQUEST FOR ALLOWABLE

(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)

OIL WELL

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/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	**Tubing Pressure (Shut-in)**	**Casing Pressure (Shut-in)**	**Choke Size**

V. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

R. L. Pitre
(Signature)

AREA ENGINEER
(Title)

8-1-83
(Date)

OIL CONSERVATION DIVISION

APPROVED AUG 3 1983, 19__

BY ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

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 ownership, 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.

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ENERGY AND MINERALS DEPARTMENT

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OIL CONSERVATION DIVISION

P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator: Gulf Oil Corporation

CASINGHEAD GAS MUST NOT BE FLARED AFTER 9/12/83 UNLESS AN EXCEPTION TO R-4070 IS OBTAINED.

Address: P.O. Box 670, Hobbs, NM 88240

Reason(s) for filing (Check proper box)

- New Well [X]
- Recompletion [ ]
- Change in Ownership [ ]
- Change in Transporter of: Oil [ ] Dry Gas [ ] Casinghead Gas [ ] Condensate [ ]

Other (Please explain): Request Temporary Permission to Commingle w/ Lea "VF" State Lease - 60 days surface

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

DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
Lea "CK" State (WCT-B)	1	Saunders Permo Penn Upper	State, Federal or Fee State	B10363

Location

Unit Letter N : 660 Feet From The South Line and 1980 Feet From The West

Line of Section 16 Township 14S Range 33E , NMPM, Lea County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil [X] or Condensate [ ]: Texas-New Mexico Pipeline

Address (Give address to which approved copy of this form is to be sent): Box 1510, Midland, TX 79701

Name of Authorized Transporter of Casinghead Gas [X] or Dry Gas [ ]: Warren Petroleum

Address (Give address to which approved copy of this form is to be sent): Box 1589 Tulsa, OK 74100

If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	P	16	14S	33E	No	

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

COMPLETION DATA

Designate Type of Completion – (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
	X		X					

Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
5-30-83	7-12-83	10,110'	10,065'
Elevations (DF, RKB, RT, GR, etc.)	**Name of Producing Formation**	**Top Oil/Gas Pay**	**Tubing Depth**
4221' GL	Upper Penn	9833'	10,021'
Perforations			**Depth Casing Shoe**
9833'-9970'			—

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17½"	13 3/8"	414'	550 sx
12¼"	9 5/8"	4223'	1500 sx
~~7 7/8"~~	5½"	10,110'	1150 sx

TEST DATA AND REQUEST FOR ALLOWABLE

(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)

OIL WELL

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
7-12-83	7-20-83	Pump	
Length of Test	**Tubing Pressure**	**Casing Pressure**	**Choke Size**
24 hrs	25#	25#	W.O.
Actual Prod. During Test	**Oil-Bbls.**	**Water-Bbls.**	**Gas-MCF**
483	156	327	Unknown

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 Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

R. L. Pitts
(Signature)
AREA ENGINEER
(Title)
7-21-83
(Date)

OIL CONSERVATION DIVISION

APPROVED JUL 21 1983, 19____

BY ORIGINAL SIGNED BY EDDIE SEAY

TITLE OIL & GAS INSPECTOR

This form is to be filed in compliance with RULE 1104.

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