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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 Box 670, Hobbs, New Mexico	
Reason(s) for filing (Check proper box)	
New Well <input type="checkbox"/>	Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Recompletion <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Other (Please explain) New Well

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Featherstone Federal	Well No. 1	Pool Name, Including Formation Morton Lower Wolfcamp	Kind of Lease State, Federal or Fee Federal
Location Unit Letter A ; 766 Feet From The North Line and 554 Feet From The East Line of Section 12 , Township 15-S Range 34-E , 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"/> Pan American Petroleum Corporation - Trucks	Address (Give address to which approved copy of this form is to be sent) Box 1725, Midland, Texas	
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> None - gas is vented, waiting on tank battery construction.	Address (Give address to which approved copy of this form is to be sent)	
If well produces oil or liquids, give location of tanks.	Unit A	Sec. 12
	Twp. 15-S	Rge. 34-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)	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 5-3-66	Date Compl. Ready to Prod. June 8, 1966		Total Depth 10,450'		P.B.T.D. 10,412'			
Pool Morton Lower Wolfcamp	Name of Producing Formation Wolfcamp		Top Oil/Gas Pay 10,337'		Tubing Depth 10,297'			
Perforations 10,337-39', 10,348-50' & 10,366-70'					Depth Casing Shoe 10,449'			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17-1/2"	13-3/8"		351'		375 ex (Circulated)			
11"	8-5/8"		4596'		460 ex			
7-7/8"	5-1/2"		10,449'		440 ex (TOC at 8110')			
	2-3/8"		10,297'					

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 June 9, 1966	Date of Test June 10, 1966	Producing Method (Flow, pump, gas lift, etc.) Flowing	
Length of Test 20 hours	Tubing Pressure 375#	Casing Pressure 0 - Packer	Choke Size 20/64"
Actual Prod. During Test 260	Oil-Bbls. 260	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	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.

ORIGINAL SIGNED BY
C. D. BORLAND

(Signature)

Area Production Manager

(Title)

June 10, 1966

(Date)

OIL CONSERVATION COMMISSION

APPROVED

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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