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TRANSPORTER	OIL GAS
OPERATOR	
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NEW MEXICO OIL CONSERVATION COMMISSION  
REQUEST FOR ALLOWABLE E. C. C.  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104  
Supersedes Old C-104 and C-110  
Effective 1-1-65

I.

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

If change of ownership give name  
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name <b>Eddy-Loa State (NCT-A)</b>	Well No. <b>1</b>	Pool Name, including Formation <b>North Anderson Ranch No.</b>	Kind of Lease State, Federal or Fee <b>State</b>	Lease No. <b>E-4199</b>
Location Unit Letter <b>F</b> 1990 Feet From The <b>North</b> Line and <b>2310</b> Feet From The <b>West</b>				
Line of Section <b>2</b> Township <b>16-S</b> Range <b>32-E</b> , NMPM, <b>Loa</b> 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"/>	Address (Give address to which approved copy of this form is to be sent) <b>Box 4157, Midland Texas</b>	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
<b>Gas is vented - waiting on tank battery construction</b>		
If well produces oil or liquids, give location of tanks.	Unit <b>F</b> Sec. <b>2</b> Twp. <b>16-S</b> Rge. <b>32-E</b>	Is gas actually connected? <b>No</b> 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 <input type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'v. <input type="checkbox"/>	Diff. Res'v. <input type="checkbox"/>
Date Spudded <b>11-27-66</b>	Date Compl. Ready to Prod. <b>2-2-67</b>		Total Depth <b>9985</b>		P.B.T.D. <b>9810</b>			
Elevations (DF, RKB, RT, GR, etc.) <b>4309' GL</b>	Name of Producing Formation <b>Wolfcamp</b>		Top Oil <input checked="" type="checkbox"/> Pay <b>9779'</b>		Taking Depth <b>9664'</b>			
Perforations <b>9779 to 9786'</b>				Depth Casing Shoe <b>9984'</b>				
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
<b>17-1/2"</b>	<b>13-3/8"</b>		<b>622'</b>		<b>600 sacks (Circulated)</b>			
<b>11"</b>	<b>8-5/8"</b>		<b>3450'</b>		<b>1025 sacks (TOC at 45')</b>			
<b>7-7/8"</b>	<b>5-1/2"</b>		<b>9984'</b>		<b>830 sacks (Est TOC @</b>			
	<b>2-3/8"</b>		<b>9664'</b>		<b>1000'.</b>			

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 <b>2-2-67</b>	Date of Test <b>2-3-67</b>	Producing Method (Flow, pump, gas lift, etc.) <b>Flowing</b>	
Length of Test <b>18 hours</b>	Tubing Pressure <b>100#</b>	Casing Pressure <b>--</b>	Choke Size <b>32/64"</b>
Actual Prod. During Test <b>295</b>	Oil - Bbls. <b>295</b>	Water - Bbls. <b>0</b>	Gas - MCF <b>--</b>

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.

Area Petroleum Engineer

February 3, 1967

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 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