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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

Operator Gulf Oil Corporation	
Address Box 670, Hobbs, New Mexico 88240	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
Re-entered P & A well and completed in Byers Queen Gas	

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name W. D. Grimes (NCT-A)	Well No. 1	Pool Name, including Formation Byers Queen gas	Kind of Lease State, Federal or Fee	Lease No. Fee
Location				
Unit Letter D	330	Feet From The North	Line and 330	Feet From The West
Line of Section 32	Township 18-S	Range 38-E	NMPM,	Lea County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
None - Dry Gas Well		
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
Gulf Oil Corporation	Box 670, Hobbs, New Mexico	
If well produces oil or liquids, give location of tanks.	Unit	Sec. Twp. Rge.
		Is gas actually connected? When
		Yes 12-18-71

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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
		X		X				
Date <del>Recompleted</del> 12-12-71	Date Compl. Ready to Prod. 12-12-71	Total Depth 4260'	P.B.T.D. 3780'					
Elevations (DF, RKB, RT, GR, etc.) 3642' GL	Name of Producing Formation Queen	Top Oil/Gas Pay 3684'	Tubing Depth 3651'					
Perforations 3684-86', 3714-16', 3734-36', 3747-49'			Depth Casing Shoe 4259'					
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
20"	15-1/2"	242'	200 sacks (Circulated)					
12-1/4"	9-5/8"	2735'	600 sacks (Circulated)					
8-3/4"	7"	3933'	200 sacks					
6-1/4"	4-1/2"	4259'	32-3/4" 26070 sacks					

V. TEST DATA AND REQUEST FOR ALLOWABLE 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 126	Length of Test 24 hours	Bbls. Condensate/MMCF 0	Gravity of Condensate --
Testing Method (pitot, back pr.) Orifice Well Tester	Tubing Pressure (Shut-in) 200#	Casing Pressure (Shut-in) 0	Choke Size 16-64"

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.

C. J. Kallinger  
(Signature)

Area Engineer

(Title)

December 20, 1971

(Date)

OIL CONSERVATION COMMISSION  
APPROVED DEC 21 1971, 19  
BY [Signature]  
TITLE SUPERVISOR DISTRICT I

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.