

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-111  
Effective 1-1-65

SA	TA	FE			
FI	E				
G.S.					
ND OFFICE					
TRANSPORTER	OIL				
	GAS				
OPERATOR					
PRORATION OFFICE					

I. Operator  
Gulf Oil Corporation  
Address  
Box 670, Hobbs, New Mexico 88240  
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)  
Request for 500 bbl testing allowable for March, 1974 and to commingle this production with Hobbs & Hobbs Blinbry from Grimes B lease with the Hobbs production on the Grimes A lease.  
If change of ownership give name and address of previous owner \_\_\_\_\_

II. DESCRIPTION OF WELL AND LEASE  
Lease Name W. D. Grimes (NCT-B) Well No. 6 Pool Name, including Formation Rowers Kind of Lease State, Federal or Fee Fee Lease No.  
Location  
Unit Letter I : 1980 Feet From The South Line and 960 Feet From The East  
Line of Section 33 Township 18-S Range 38-E , NMPM, Lea County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS  
Name of Authorized Transporter of Oil ☒ or Condensate ☐  
Shell Pipe Line Corporation Address (Give address to which approved copy of this form is to be sent)  
Box 1910, Midland, Texas 79701  
Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐  
Phillips Petroleum Corporation Address (Give address to which approved copy of this form is to be sent)  
Phillips Building, Odessa, Texas 79760  
If well produces oil or liquids, give location of tanks. Unit Sec. Twp. Rge. Is gas actually connected? When  
F 32 18-S 38-E Yes Unknown  
If this production is commingled with that from any other lease or pool, give commingling order number: R-4079

IV. 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

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 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

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 Production Manager  
March 1, 1974  
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.