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LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
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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 88240

Reason(s) for filing (Check proper box)

New Well	<input type="checkbox"/>	Change in Transporter of:	
Recompletion	<input checked="" type="checkbox"/>	Oil	<input type="checkbox"/>
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>
		Dry Gas	<input type="checkbox"/>
		Condensate	<input type="checkbox"/>

Other (Please explain)
Abandoned Hobbs Paddock and Recompleted in Hobbs Elinebry Pool

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. 16	Pool Name, Including Formation Hobbs Elinebry	Kind of Lease State, Federal or Fee Fee	Lease No.
Location				
Unit Letter D ; 800 Feet From The north Line and 700 Feet From The west				
Line of Section 32 Township 13S Range 38E , 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"/> Shell Pipeline Corporation	Address (Give address to which approved copy of this form is to be sent) Box 1910, Midland, Texas					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Phillips Petroleum Corp.	Address (Give address to which approved copy of this form is to be sent) Phillips Building, Odessa, Texas					
If well produces oil or liquids, give location of tanks.	Unit D	Sec. 32	Twp. 18S	Rge. 38E	Is gas actually connected? Yes	When Unknown

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)	<input checked="" type="checkbox"/> Oil Well	<input type="checkbox"/> Gas Well	<input type="checkbox"/> New Well	<input type="checkbox"/> Workover	<input checked="" type="checkbox"/> Deepen	<input type="checkbox"/> Plug Back	<input type="checkbox"/> Same Res'v.	<input type="checkbox"/> Diff. Res'v.
Date Spudded 7-1-68	Date Compl. Ready to Prod. 11-15-68		Total Depth 7050'		P.B.T.D. 6350'			
Elevations (DF, RKB, RT, GR, etc.) 3636' GL	Name of Producing Formation Elinebry		Top Oil/ 200 Pay 5871'		Tubing Depth 5840'			
Perforations 5871-73', 5905-07', 5941-43' and 6081-83'					Depth Casing Shoe 7039'			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12-1/4"	9-5/8"		1197'		575 sk circulated			
8-3/4"	7"		7039'		2925 sk			
	2-3/8"		5840'					

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 8-7-68	Date of Test 8-7-68	Producing Method (Flow, pump, gas lift, etc.) Swabbed and flowed	
Length of Test 4 1/2 hours	Tubing Pressure None	Casing Pressure None	Choke Size 2"
Actual Prod. During Test 75	Oil - Bbls. 51	Water - Bbls. 24	Gas - MCF too small to measure

NOTE: Completion test 11-17-68 flowed 200 bo no bw 23 hours, TP 20#, GP 0#.

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.

OIL CONSERVATION COMMISSION

APPROVED _____, 19____

BY *Joe D. [Signature]*

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 completed wells.

Area Petroleum Engineer

11-18-68

(Date)