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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

~~RESTRICTED INFORMATION - CONFIDENTIAL~~

I. Operator  
**Gulf Oil Corporation**

Address  
**Box 670, Hobbs, New Mexico 88240**

Reason(s) for filing (Check proper box)      Other (Please explain)

New Well       Change in Transporter of:      **New Well**

Recompletion       Oil       Dry Gas

Change in Ownership       Casinghead Gas       Condensate

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: **Undesignated Glorieta (Pad)**      Kind of Lease: **Fee**      Lease No.:

Location  
Unit Letter: **D**      **800** Feet From The **North** Line and **700** 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  or Condensate   
**Shell Pipe Line 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  or Dry Gas   
**Phillips Petroleum Corporation**      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      Sec.      Twp.      Rge.      Is gas actually connected?      When

**D**      **32**      **18-S**      **38-E**      **Yes**      **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)	Oil Well <input checked="" type="checkbox"/>	Gas Well	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Resrv.	Diff. Resrv.
Date Spudded <b>July 1, 1968</b>	Date Compl. Ready to Prod. <b>8-10-68</b>	Total Depth <b>7050'</b>	P.B.T.D. <b>5409'</b>					
Elevations (DF, RKB, RT, GR, etc.) <b>3636' GL</b>	Name of Producing Formation <b>Glorieta</b>	Top Oil <del>Pay</del> Pay <b>5389'</b>	Tubing Depth <b>5400'</b>					
Perforations <b>5389-91'</b>			Depth Casing Shoe <b>7039'</b>					
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
<b>12-1/4"</b>	<b>9-5/8"</b>	<b>1497'</b>	<b>575 sacks (Circulated)</b>					
<b>8-3/4"</b>	<b>7"</b>	<b>7039'</b>	<b>2925 sacks</b>					
	<b>2-3/8"</b>	<b>5400'</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>August 9, 1968</b>	Date of Test <b>August 10, 1968</b>	Producing Method (Flow, pump, gas lift, etc.) <b>Grab</b>	
Length of Test <b>10 hours</b>	Tubing Pressure <b>--</b>	Casing Pressure <b>--</b>	Choke Size <b>--</b>
Actual Prod. During Test <b>141</b>	Oil - Bbls. <b>117</b>	Water - Bbls. <b>Six Densometers 10</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.

ORIGINAL SIGNED BY  
**C. D. BORLAND**

(Signature)

**Area Production Manager**

(Title)

**August 26, 1968**

(Date)

OIL CONSERVATION COMMISSION

APPROVED \_\_\_\_\_, 19\_\_

BY **John W. Runyan**

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.