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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

MAY 21 3 41 PM '69

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: Oil ☐ Dry Gas ☐
Recompletion ☐ Casinghead Gas ☐ Condensate ☐
Change in Ownership ☐
Other (Please explain, **New Well**)

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. 19	Pool Name, including Formation Hobbs Blinebry	Kind of Lease State, Federal or Fee Fee	Lease No.
Location Unit Letter E ; 1730 Feet From The North Line and 330 Feet From The West Line of Section 32 Township 18-S Range 38-E , NMPM, Lee 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 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 <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Phillips Petroleum Corporation	Address (Give address to which approved copy of this form is to be sent) Phillips Bldg., Odessa, Texas			
If well produces oil or liquids, give location of tanks.	Unit D	Sec. 32	Twp. 18-S	Rge. 38-E
	Is gas actually connected?		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)	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 2-17-69	Date Compl. Ready to Prod. 5-1-69		Total Depth 6051'		P.B.T.D. 6023'			
Elevations (DF, RKB, RT, GR, etc.) 3636' OL	Name of Producing Formation Blinebry		Top Oil/2ms Pay 5956'		Tubing Depth 6008'			
Perforations Perforated 5-1/2" casing with 4, .71" shots in plane at 5956'					Depth Casing Shoe 6051'			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17-1/2"	13-3/8"		362'		375 sacks (Circulated)			
11"	8-5/8"		3811'		500 sacks			
7-7/8"	5-1/2"		6050'		455 sacks (TOC at 3540')			

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 March 17, 1969	Date of Test May 5, 1969	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 10 hours	Tubing Pressure --	Casing Pressure --	Choke Size 2"
Actual Prod. During Test 27	Oil-Bbls. 12	Water-Bbls. 17 (Load water)	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.

ORIGINAL SIGNED BY
C. D. BORLAND

(Signature)

Area Production Manager

(Title)

May 19, 1969

(Date)

OIL CONSERVATION COMMISSION

APPROVED

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 completed wells.