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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 P. O. Box 670, Hobbs, N.M. 88240	
Reason(s) for filing (Check proper box)	
New Well <input checked="" 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"/>
Other (Please explain) Re-entered TA Well and recompleted in Hobbs Pool	

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Graham State (NCT-A)	Well No. 5	Pool Name, Including Formation Hobbs Grayburg	Kind of Lease State, Federal or Fee State	Lease No. NM-2056
Location Unit Letter H ; 1980 Feet From The north Line and 760 Feet From The east Line of Section 24 Township 18S Range 37E , 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) P. O. Box 1910, Midland, Texas 79701					
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 Bldg., Odessa, Texas 79760					
If well produces oil or liquids, give location of tanks.	Unit H	Sec. 24	Twp. 18S	Rge. 37E	Is gas actually connected? Yes	When 2-14-72

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 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. <input type="checkbox"/>
Date Well recompleted 2-10-72	Date Compl. Ready to Prod. 2-10-72		Total Depth 6107'		P.B.T.D. 5120'				
Elevations (DF, RKB, RT, GR, etc.) 3668' GL	Name of Producing Formation Grayburg		Top Oil/Gas Pay 4224'		Tubing Depth 4321'				
Perforations 4224-26', 4244-46' and 4260-62'					Depth Casing Shoe 6106'				
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT				
17-1/2"	13-3/8"		408'		400 sx circulated				
11"	8-5/8"		3903'		500 sx				
7-7/8"	5-1/2"		6106'		685 sx				
	2-3/8"		4321'						

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 2-10-72	Date of Test 2-14-72	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 24 hrs	Tubing Pressure	Casing Pressure	Choke Size 2"
Actual Prod. During Test 100 barrels	Oil-Bbls. 40	Water-Bbls. 60	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.

E. J. Kallinger
(Signature)
Area Engineer

(Title)

February 14, 1972

(Date)

OIL CONSERVATION COMMISSION

APPROVED FEB 16 1972, 19____
BY Les Clements
TITLE Oil & Gas Insp.

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.