

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

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U.S.G.S.	
LAND 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)
New Well

If change of ownership give name and address of previous owner
THIS WELL HAS BEEN PLACED IN THE POOL
BEING REQUESTED. YOU DO NOT CONCUR
IN THIS REQUEST.

II. DESCRIPTION OF WELL AND LEASE

Lease Name W. D. Grimes (NCT-B)	Well No. 7	Pool Name, Including Formation Hobbs Blinbry R-3964	Kind of Lease State, Federal or Fee Fee	Lease No.
Location Unit Letter B ; 450 Feet From The North Line and 2160 Feet From The East Line of Section 33 Township 18-S Range 38-E , NMPM, La 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 I	Sec. 33	Twp. 18S	Rge. 38E	Is gas actually connected? When Yes 3-31-70

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 Res'v.	Diff. Res'v.
Date Spudded 2-2-70	Date Compl. Ready to Prod. 3-20-70		Total Depth 7100'		P.B.T.D. 6643'				
Elevations (DF, RKB, RT, GR, etc.) 3645' GL	Name of Producing Formation Blinbry		Top Oil Pay Pay 5848'		Tubing Depth 6021				
Perforations 5848', 5916', 5940', 5963' & 5988'						Depth Casing Shoe 7099'			
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT				
17-1/2"	13-3/8"		368'		400 sacks (Circulated)				
12-1/4"	9-5/8"		3859'		2000 sacks (Circulated)				
8-3/4"	7"		7099'		485 sacks (TOC at 3635')				
	2-3/8"		6021'						

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 3-20-70	Date of Test 3-30-70	Producing Method (Flow, pump, gas lift, etc.) Swab test - Well is now pumping	
Length of Test 24 hours	Tubing Pressure --	Casing Pressure --	Choke Size 2"
Actual Prod. During Test 125 barrels	Oil-Bbls. 105	Water-Bbls. 20 (Est.)	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

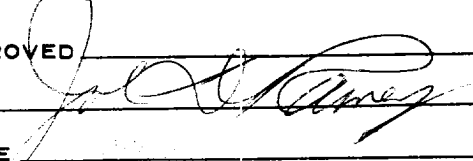
(Signature)

Area Production Manager

(Title)

March 31, 1970

(Date)

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.

Separate Forms C-104 must be filed for each pool in multiply completed wells.

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MAR 24 1970