NO. OF COPIES RECEIVED			
DISTRIBUTION	NEW MEXICO OIL CONSERVATION COMMISSION Form C-104		
SANTA FE	REQUEST	FOR ALLOWABLE	Supersedes Old C-104 and C Effective 1-1-65
U.S.G.S.			
LAND OFFICE	AUTHORIZATION TO TRA	AND ANSPORT OIL AND NATURAL	16 <sup>AS</sup>
RANSPORTER OIL			ο PΗ 255
GAS			~~~
OPERATOR			
Operator Operator			· · · · · · · · · · · · · · · · · · ·
Gulf Oil Corporat	ion		
P. O. Box 670, Ho	bbs, New Mercico		
Reason(s) for filing (Check proper		Other (Please explain)	• • •
Recompletion.	Change in Transporter of: Cil Dry Ga		maniper - formerly
Change in Ownership	Casinghead Gas Conder		en Unit No. 20-15
If change of ownership give nar		17 17 18	" "20" Well No. 1
and address of previous owner_			
DESCRIPTION OF WELL A Lease Name		me, Including Formation	Kind of Lease
West Peerl Queen	Unit 101 Pearl	Queen - Queen	State, Federal or Fee <b>Federa</b>
Location	<b>60</b> 0		
Unit Letteri;;;	330 Feet From The south Lir	ne and <b>2310</b> Feet From	n The <b>east</b>
Line of Section 20	, Township 198 Range	35E , NMPM,	Lea Coun
		_	
DESIGNATION OF TRANSP Name of Authorized Transporter o	ORTER OF OIL AND NATURAL GA   f Cill or Condensate		roved copy of this form is to be sent)
Shall Pipeline Co		Box 1910, Midland, Tr	arag
Name of Authorized Transporter o		Address (Give address to which app	roved copy of this form is to be sent)
Phillips Petroleu		Phillips Building, Or Is gas actually connected?	Vhen
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge.	Is gas actually connected?	
			Unknown
f this production is commingle COMPLETION DATA	d with that from any other lease or pool,	give commingling order number:	
Designate Type of Comp	Cil Well Gas Well	New Well Workover Deepen	Plug Back Same Res'v. Diff. Re
	I I		P.B.T.D.
Date Spudded	Date Compl. Ready to Prod.	Total Depth	F.B.1.D.
Pool	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
Perforations			Depth Casing Shoe
·····			
HOLE SIZE	CASING & TUBING SIZE	D CEMENTING RECORD	SACKS CEMENT
TEST DATA AND REQUES OIL WELL	I FOR ALLOWABLE (lest must be a able for this de	ifter recovery of total volume of load o epth or be for full 24 hours)	il and must be equal to or exceed top al
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas	lijt, etc.)
			Choke Size
Length of Test	Tubing Pressure	Casing Pressure	CHOKE SIZE
Actual Prod. During Test	Oil-Bbls.	Water - Bbls.	Gas-MCF
GAS WELL Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
The are the sector of the sect			,
esting Method (pitot, back pr.)	Tubing Pressure	Casing Pressure	Choke Size
CERTIFICATE OF COMPLIANCE		OIL CONSERVATION COMMISSION	
		_	
I hereby certify that the rules	and regulations of the Oil Conservation ed with and that the information given	1100	e e
above is true and complete to	o the best of my knowledge and belief.	sife A Kana	y Cylft
~ ~	1	Supervisor,	District 1
(And)	11. 1 -		n compliance with put F 1101
( The	Vand		n compliance with RULE 1104. owable for a newly drilled or deepe
(	(Signature)	well, this form must be accom tests taken on the well in acc	panied by a tabulation of the deviat
Area Pr	oduction Manager		nust be filled out completely for all
-	(Title)	able on new and recompleted	wells.

July 15, 1965

(Date)

Fill out Sections I, II, III, and VI only 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.

TOTAL EUR D' SU

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