NO. OF COPIES REC	EIVED			
DISTRIBUTION	ON			
SANTA FE				
FILE				
U.S.G.S.				
LAND OFFICE				
IRANSPORTER	OIL			
	GAS			
OPERATOR				
PRORATION OF	ICE			
Operator Address	rperetien			
Reason(s) for filing New Well Recompletion	Check proper box			

NEW MEXICO OIL CONSERVATION COMMISSION

Form C-104

_	SANTA FE	REQUEST	FOR ALI	OWABLE		Supersedes Effective 1	Old C-104 and C-116	
-	U.S.G.S.	ALITHODIZATION TO TR	AND	OIL AND			-1-03	
-	LAND OFFICE	AUTHORIZATION TO TRA	ANSPUR I	OIL AND	NA LUKAL (JAS .		
	TRANSPORTER OIL							
-	OPERATOR	1						
1.	PRORATION OFFICE	<u> </u>						
	Operator	<u></u>						
-	Golf Oil Corporation							
	Bex 670, Hobbs, New Me							
	Reason(s) for filing (Check proper box New Well	Change in Transporter of:		Other (Please	explain)			
	Recompletion	Oil Dry Go	ıs 🔲	To show	transpor	rtares		
	Change in Ownership	Casinghead Gas Conde	nsate 📗	10 0000	er ettisher			
	f change of ownership give name and address of previous owner							
	DESCRIPTION OF WELL AND				Tree Later			
	Lease Name	Well No. Pool Name, Including F			Kind of Leas State, Federa	e il or Fee State	Lease No.	
Ì	West Pearl Queen Unit	TAN LOULT OBSERT -	-COLUMNITY			Diame.	<u></u>	
	Unit Letter <u>H</u> ; 660	Feet From The South Lir	ne and <u>66</u>	0	Feet From	The West		
	Line of Section 21 Tov	vnship 19=8 Range 3	5-E	, NMPM	Let	1	County	
-								
	Name of Authorized Transporter of Oil	FER OF OIL AND NATURAL GA		Give address	to which appro	ved copy of this form	is to be sent)	
-	Shell Pipe Idne Corpore	tion	Box 1	910, M1d	and, for	ved copy of this form	/- An 1	
	Name of Authorized Transporter of Cas	-	1		eo which appro a. Oclah		is to be sent)	
-	Herren Petrolem Corpor If well produces oil or liquids,	Unit Sec. Twp. Rge.	Is gas ac	tually connect	ed? Wh	en		
L	give location of tanks.	+ 28 19-8 35-R				Unicnom		
	f this production is commingled with COMPLETION DATA	th that from any other lease or pool,	give comm	ningling orde	r number:			
	Designate Type of Completic	on - (X)	New Well	Workover	Deepen	Plug Back Same	Res'v. Diff. Res'v.	
-	Date Spudded	Date Compl. Ready to Prod.	Total Der	oth_		P.B.T.D.		
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/C	Gas Pay		Tubing Depth		
-	Perforations					Depth Casing Shoe		
				DECO				
-	HOLE SIZE	TUBING, CASING, AND	DCEMENT	DEPTH S		SACKS	CEMENT	
-						 		
-								
	EST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed top allow able for this depth or be for full 24 hours)							
	OIL WELL Date First New Oil Run To Tanks	Date of Test			υ, pump, gas l	ift, etc.)		
						Obalia Bia		
	Length of Test	Tubing Pressure	Casing P	ressure		Choke Size		
-	Actual Prod. During Test	Oil-Bbls.	Water - Bb	ols.		Gas - MCF		
			1			1		
_	GAS WELL					- p · · · · · · · · · · · · · · · · · ·		
	Actual Prod. Test-MCF/D	Length of Test	Bbls. Cor	ndensate/MMC	F	Gravity of Condens	sate .	
-	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing P	ressure (Shut	-in)	Choke Size		
			 	011-		TION COMMISS		
VI. (VI. CERTIFICATE OF COMPLIANCE OF CONSERVATION COMM					#110/4 COMMISS	DION	
I	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)			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.				
8								
-								
September 29, 1967 (Date) Fill out only Section well name or number, or num					Sections I, I r, or transpor	I. III. and VI for o ten or other such ch	changes of owner, lange of condition.	
	(50	Se			t be filed for each			
			" combie					