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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL GAS
OPERATOR	
PRORATION OFFICE	

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

JUL 16 4 10 PM '65

I. **Operator**
Gulf Oil Corporation
Address
P. O. Box 670, Hobbs, New Mexico
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)
No change well number - formerly West Pearl Queen Unit No. 21-13
" " " " "21" Well No. 130
If change of ownership give name and address of previous owner

II. **DESCRIPTION OF WELL AND LEASE**
WELL IS TEMPORARILY ABANDONED
Lease Name West Pearl Queen Unit
Well No. 100
Pool Name, Including Formation Pearl Queen - Queen
Kind of Lease State, Federal or Fee
State
Location
Unit Letter M
Feet From The 660 **Line and** 660 **Feet From The** east
Line of Section 21
Township 13S
Range 3E
NMPM 16a
County

III. **DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS**
Name of Authorized Transporter of Oil ☐ **or Condensate** ☐ **Address (Give address to which approved copy of this form is to be sent)**
Name of Authorized Transporter of Casinghead Gas ☐ **or Dry Gas** ☐ **Address (Give address to which approved copy of this form is to be sent)**
If well produces oil or liquids, give location of tanks. **Unit** **Sec.** **Twp.** **Rge.** **Is gas actually connected?** **When**

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 ☐ Gas Well ☐ New Well ☐ Workover ☐ Deepen ☐ Plug Back ☐ Same Res'v. ☐ Diff. Res'v.
Date Spudded **Date Compl. Ready to Prod.** **Total Depth** **P.B.T.D.**
Pool **Name of Producing Formation** **Top Oil/Gas Pay** **Tubing Depth**
Perforations **Depth Casing Shoe**
TUBING, CASING, AND CEMENTING RECORD
HOLE SIZE **CASING & TUBING SIZE** **DEPTH SET** **SACKS CEMENT**

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)
Time First New Oil Run To Tanks **Date of Test** **Producing Method (Flow, pump, gas lift, etc.)**
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**
Testing Method (pitot, back pr.) **Tubing Pressure** **Casing Pressure** **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.
Area Production Manager
(Signature)
(Title)
(Date)
OIL CONSERVATION COMMISSION
APPROVED July 16, 1965
BY [Signature]
TITLE Supervisor, District A
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 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.