

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501Form C-104
Revised 10-1-78REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Gulf Oil Corp.

P. O. Box 670, Hobbs, NM 88240

Reason(s) for filing (check proper box)

New Well ☐
Recompletion ☐
Change in Ownership ☐

Change in Transporter oil

Oil

☐

Dry Gas

☐

Casinghead Gas

☐

Condensate

☐

Other (Please explain)

Request additional testing
allowable of 2.50 bbls.If change of ownership give name
and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name <u>Lease "TZ" H&H</u>	Well No. <u>4</u>	Pool Name, including Formation <u>SE 1/4 Sec 16 T19S R35E</u>	Kind of Lease <u>State, Federal or Fee</u>	Lease N <u>LB-1630</u>
Location Unit Letter <u>F</u> : <u>1780</u> Feet From The <u>North</u> Line and <u>1980</u> Feet From The <u>West</u> Line of Section <u>16</u> Township <u>19S</u> Range <u>35E</u> , NMPM, <u>Lin</u> Count				

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐ <u>Permian Corp.</u>	Address (Give address to which approved copy of this form is to be sent) <u>Box 3119, Midland, TX 79701</u>	
Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐ <u>Unknown</u>	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 <u>F</u>	Sec. <u>16</u>
	Twp. <u>19S</u>	Rge. <u>35E</u>
	Is gas actually connected? <u>Yes</u> When	

If this production is commingled with that from any other lease or pool, give commingling order numbers

COMPLETION DATA

Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res.
Date Spudded	Date Compl. Ready to Prod.	Total Depth		P.B.T.D.					
Elevations (DF, RKB, RT, CR, etc.)	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

TEST DATA AND REQUEST FOR ALLOWABLE (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	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/MCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (shot-in)	Casing Pressure (shot-in)	Choke Size

CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.



(Signature)

AREA FOREMAN

(Title)

5-11-84

(Date)

OIL CONSERVATION DIVISION

APPROVED MAY 15 1984, 19BY ORIGINAL SIGNED BY JIMMY SEXTON
DISTRICT I SUPERVISOR

TITLE

This form is to be filed in compliance with RULE 110c.

If this is a request for allowable for a newly drilled or deeper well, this form must be accompanied by a tabulation of the device tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for all able 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 multi-completed wells.

RECEIVED
MAY 14 1984
D.C.D.
HOBBS OFFICE