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

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-101 and C-111
Effective 1-1-65

Operator Gulf Oil Corp.
Address P.O. Box 670, Hobbs, NM 88240
Reason(s) for filing (Check proper box)
New Well ☐ Change in Transporter of Oil ☐ Dry Gas ☐
Recompletion ☐ Oil ☐ Casinghead Gas ☐ Condensate ☐
Change in Ownership ☐
Other (Please explain) Request Temporary Permission to Commingle w/ Lea "U.A." J.E. Scharb Mfgcamp
change of ownership give name and address of previous owner _____

DESCRIPTION OF WELL AND LEASE

Lease Name <u>Lea "TZ" State</u>	Well No. <u>5</u>	Pool Name, Including Formation <u>J.E. Scharb Mfgcamp</u>	Kind of Lease <u>State</u> Federal or Fee <u>16/1630</u>	Lease No.
Location Unit Letter <u>H</u> : <u>1790</u> Feet From The <u>North</u> Line and <u>900</u> Feet From The <u>East</u> Line of Section <u>16</u> Township <u>19S</u> Range <u>35E</u> , NMPM, <u>Lea</u> County				

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>Warren Petroleum</u>	Address (Give address to which approved copy of this form is to be sent) <u>Box 1589, Tulsa, OK 74100</u>
(Well produces oil or liquids, give location of tanks.) Unit <u>H</u> Soc. <u>16</u> Twp. <u>19S</u> Rge. <u>35E</u>	Is gas actually connected? <u>No</u> When _____

this production is commingled with that from any other lease or pool, give commingling order number: _____

COMPLETION DATA

Designate Type of Completion - (X)	Oil Well ☐	Gas Well ☐	New Well ☐	Workover ☐	Deepen ☐	Plug Back ☐	Stim. Resrv. ☐	Prod. Resrv. ☐
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.D.T.D.			
Deviations (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
H. 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	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

AS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MCF	Gravity of Condensate
Testing Method (flow, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

CERTIFICATE OF COMPLIANCE

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.

R.D. Pate
(Signature)
AREA ENGINEER
(Title)
5-13-85
(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19 _____

BY JOHN L. GIBSON
(Signature)

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 deviate 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 name, well name or number, or transporter, or other such change of condition.