

NO. OF COPIES RECEIVED
DISTRIBUTION
COUNTY
FILE
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
Superseding Old C-101 and C-116
Effective 1-1-65

Operator Gulf Oil Corp.
Address P.O. Box 670 Hobbs, NM 88240
Reason(s) for filing (Check proper box) Other (Please explain)
New Well ☐ Change in Transporter of:
Recompletion ☐ Oil ☒ Dry Gas ☐
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐

change of ownership give name and address of previous owner _____

DESCRIPTION OF WELL AND LEASE
Lease Name Lea "TZ" State Well No. 5 Richard Wolfcamp Kind of Lease State, Federal or Fee Lease No. LG 1630
Location H : 1790 Feet From The North Line and 900 Feet From The East
Line of Section 16 Township 19S Range 35E N.M.P.M. Lea County _____

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS
Name of Authorized Transporter of Oil ☒ or Condensate ☐
Permian Corp. Address (Give address to which approved copy of this form is to be sent) Box 3119, Midland 24 79701
Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐
Warren Petroleum Address (Give address to which approved copy of this form is to be sent) Box 1589 Tulsa, OK 74100
Well produces oil or liquids, give location of tanks. Unit H Sec. 16 Twp. 19S Rge. 35E Is gas actually connected? no 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 ☐ Same Treat. ☐ Part. Reinv.
Date Spudded _____ Date Compl. Ready to Prod. _____ Total Depth _____ P.O.T.D. _____
Deviations (DF, RKB, RT, CR, etc.) _____ Name of Producing Formation _____ Top Oil/Gas Pay _____ Testing 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)
1. WELL
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 _____

2. GAS 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
I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given herein is true and complete to the best of my knowledge and belief.
James H. Lawrence (Signature)
for AREA ENGINEER (Title)
3-25-85 (Date)
OIL CONSERVATION COMMISSION
APPROVED MAR 26 1985, 19_____
BY ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR
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.
Fill out only Sections I, II, III, and VI for change of owner, well name or location, or transporter or other such change of condition.