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U.S.G.S.  
LAND OFFICE  
OIL  
TRANSPORTER  
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 19 PM '65

I. **OWNER**  
Gulf Oil Corporation  
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)  
To change well number - formerly  
West Pearl Queen Unit No. 30-16  
West Pearl Queen Unit #30 Well No. 160  
If change of ownership give name and address of previous owner  
WATER INJECTION WELL

II. **DESCRIPTION OF WELL AND LEASE**  
Lease Name: West Pearl Queen Unit  
Well No. Pool Name, including Formation: 131 Pearl Queen - Queen  
Kind of Lease: State, Federal or Fee State  
Location:  
Unit Letter: P ; 660 West From The south Line and 660 Feet From The east  
Line of Section: 30 , Township: 19S Range: 35E , NMPM, 13A County

III. **DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS**  
Name of Authorized Transporter of Oil ☐ or Condensate ☐  
Water Injection Well  
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)  
Date Spudded Date Compl. Ready to Prod. Total Depth  
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)  
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 Oil Flowing Test Oil-Bbls. Water-Bbls. Gas-MMCF

**GAS WELL**  
Actual Gas Test-MMCF Length of Test Bbls. Condensate/MMCF Gravity of Condensate  
Producing Method (Flow, 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  
July 15, 1965  
OIL CONSERVATION COMMISSION  
APPROVED July 16, 1965  
BY Supervisor, District #1  
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 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.