## NO. OF COPIES RECEIVED DISTRIBUTION ANTA FE FILE J.S.G.5 LAND OFFICE OII. TRANSPORTER GAS OPERATOR

NEW MEXICO OIL CONSERVATION COMMISSION Form C-104 Supersedes Old C-104 and C-110 REQUEST FOR ALLOWABLE Effective 1-1-65 AUTHORIZATION TO TRANSPORT OIL AND NATURAL 15 PH 365 AND PRORATION OFFICE Gulf Oil Corporation P. O. Box 670, Hobbs, New Hearico Reason(s) for filing (Check proper box) Other (Please explain) New Well Change in Transporter of: To change well macher - formerly Dry Gas Recompletion Northwest Bumont Unit No. 27-6 Condensate Change in Ownership Casinahead Gas Northwest Eumont Unit "27" Well No. 60 If change of ownership give name and address of previous owner \_\_\_ 1. DESCRIPTION OF WELL AND LEASE Pool Name, Including Formation Kind of Lease 142 Northwest Remont Unit State, Federal or Fee Bumont - Queen I Fee 1.ocgtion 1980 \_Feet From The \_\_**north** 2310 Feet From The West Line and Unit Letter 195 36E 27 Range , NMPM, Lea County , Township III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Address (Give address to which approved copy of this form is to be sent) ransporter of Oib Texas-New Mexico Pipeline Co. Box 1510, Midland, Teores Name of Authorized Transporter of Casinghead Gas or Dry Gas ed copy of this form is to be sent) Warren Petroleum Corporation Box 1589. Tulan, Oklahons Twp. Rge. If well produces oil or liquids, give location of tanks. 0 27 <u> 198</u> 36E Yes **Unknown** If this production is commingled with that from any other lease or pool, give commingling order number: IV. COMPLETION DATA Workover Deepen Same Res'v. Diff. Res'v. Gas Well Designate Type of Completion - (X) Date Compl. Ready to Prod. P.B.T.D. Date Spudded Total Depth Name of Producing Formation Top Oil/Gas Pay Tubing Depth Pool Depth Casing Shoe Perforations TUBING, CASING, AND CEMENTING RECORD SACKS CEMENT HOLE SIZE CASING & TUBING SIZE DEPTH SET (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) V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL Producing Method (Flow, pump, gas lift, etc.) Date First New Oil Run To Tanks Date of Test Choke Size Casina Pressure Length of Test Tubing Pressure Water - Bbls. Actual Prod. During Test Oil-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.

 CDB.	land	
Area	(Signature) Production	Maxager

(Title) July 13, 1965

(Date)

, 19**6**5 APPROVED BY Supervisor, District 1

This form is to be filed in compliance with RULE 1104.

OIL CONSERVATION COMMISSION

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.