

NO. OF COPIES RECEIVED		
DISTRIBUTION		
SANTA FE		
FILE		
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	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

I. Operator
Gulf Oil Corporation
Address
Box 670, Hobbs, New Mexico 88240
Reason(s) for filing (Check proper box) Other (Please explain)
New Well ☐ Change in Transporter of:
Recompletion ☐ Oil ☐ Dry Gas ☐ Change in Oil Transporter, effective
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐ February 10, 1972

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
Northwest Eumont Unit	164	Eumont	State, Federal or Fee Fee	
Location				
Unit Letter P	330	Feet From The South	Line and 330	Feet From The East
Line of Section 33	Township 19-S	Range 37-E	NMPM, Lea	County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
Texas-New Mexico Pipeline Company	Box 1510, Midland, Texas 79701					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
Warren Petroleum Corporation	Box 1589, Tulsa, Oklahoma 74100					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	I	34	19-S	37-E	Yes	Unknown

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)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
Elevations (DF, RKB, RT, GR, 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			

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 Prod. During Test	Oil-Bbls.	Water-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 (shut-in)	Casing Pressure (shut-in)	Choke Size

VI. CERTIFICATE OF COMPLIANCE

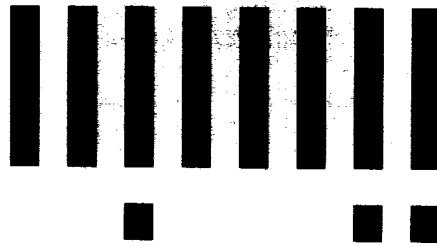
I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.


(Signature)
Area Production Manager
(Title)
February 10, 1972
(Date)

OIL CONSERVATION COMMISSION
FEB 11 1972
APPROVED _____, 19____
BY _____
TITLE _____
Orig. Signed By
Joe D. Ramey
Dist. I, Supv.

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 changes of owner, well name or number, or transporter, or other such change of condition.
Separate Form C-104 must be filed for each pool in multiple

FEB 1 1972
OIL CONSERVATION BOARD
HOBBS, N. M.



LTR



Job separation sheet

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
OPERATOR	

NEW MEXICO OIL CONSERVATION COMMISSION

Nov 5 4 07 PM '65

Form C-103
Supersedes Old
C-102 and C-103
Effective 1-1-65

5a. Indicate Type of Lease	
State <input type="checkbox"/>	Fee <input checked="" type="checkbox"/>
5. State Oil & Gas Lease No.	

SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT -" (FORM C-101) FOR SUCH PROPOSALS.)	
1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	7. Unit Agreement Name Northwest Emont Unit
2. Name of Operator Gulf Oil Corporation	8. Farm or Lease Name
3. Address of Operator Box 670, Hobbs, New Mexico	9. Well No. 164
4. Location of Well UNIT LETTER P , 330 FEET FROM THE South LINE AND 330 FEET FROM THE East LINE, SECTION 33 TOWNSHIP 19-S RANGE 36-E NMPM.	10. Field and Pool, or Wildcat Emont
15. Elevation (Show whether DF, RT, GR, etc.) 3638 GL	12. County Lea

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:

PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input type="checkbox"/>	OTHER <input type="checkbox"/>

Returned well to production

17. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

Repaired pump and returned well to production. Ran gas oil ratio test.

18. I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNED C. D. BORLAND TITLE Area Production Manager DATE November 5, 1965

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

22' 11' 50" 7' 40"

10' 2' 10" 6' 10"

10' 2' 10" 6' 10"

10' 2' 10" 6' 10"

10' 2' 10" 6' 10"

10' 2' 10" 6' 10"

10' 2' 10" 6' 10"

10' 2' 10" 6' 10"

10' 2' 10" 6' 10"

10' 2' 10" 6' 10"

10' 2' 10" 6' 10"

10' 2' 10" 6' 10"

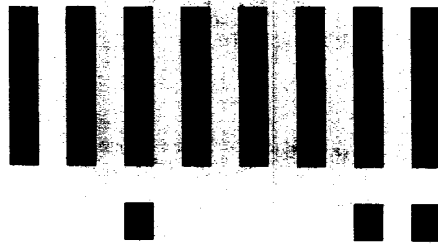
10' 2' 10" 6' 10"

10' 2' 10" 6' 10"

10' 2' 10" 6' 10"

10' 2' 10" 6' 10"

10' 2' 10" 6' 10"



LTR



Job separation sheet

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
OPERATOR	

NEW MEXICO OIL CONSERVATION COMMISSION

SEP 15 3 11 PM '65

Form C-103
Supersedes Old
C-102 and C-103
Effective 1-1-65

5a. Indicate Type of Lease
State ☐ Fee ☒

5. State Oil & Gas Lease No.

SUNDRY NOTICES AND REPORTS ON WELLS

(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT -" (FORM C-101) FOR SUCH PROPOSALS.)

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	7. Unit Agreement Name Northwest Eumont Unit
2. Name of Operator Gulf Oil Corporation	8. Farm or Lease Name
3. Address of Operator Box 670, Hobbs, New Mexico	9. Well No. 164
4. Location of Well UNIT LETTER P , 330 FEET FROM THE South LINE AND 330 FEET FROM THE East LINE, SECTION 33 TOWNSHIP 19-S RANGE 36-E NMPM.	10. Field and Pool, or Wildcat Eumont
15. Elevation (Show whether DF, RT, GR, etc.) 3638 GL	12. County Lea

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data
NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐
TEMPORARILY ABANDON ☐
PULL OR ALTER CASING ☐

PLUG AND ABANDON ☐
CHANGE PLANS ☐

OTHER ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐
COMMENCE DRILLING OPNS. ☐
CASING TEST AND CEMENT JOB ☐

ALTERING CASING ☐
PLUG AND ABANDONMENT ☐

OTHER ☐

CI Report

17. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

Closed well in. Uneconomical to produce at this time. To be carried as closed in.

18. I hereby certify that the information above is true and complete to the best of my knowledge and belief.

ORIGINAL SIGNED BY

SIGNED **L. A. TURNER**

TITLE **Area Petroleum Engineer**

DATE **September 13, 1965**

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY: