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FILE				
U.S.G.S.				
LAND OFFICE				
TRANSPORTER	OIL			
	GAS			
OPERATOR				
PRORATION OFFICE				

I.

II.

III.

-110

DISTRIBUTION	EW MEXICO OU	CONCEDIATION		
SANTA FE		REQUEST FOR ALLOWABLE Form C-104 Supersedes Old C-104 and C		
FILE		REQUEST FOR ALLOWABLE Supersedes Old C-104 and C 1105 BAND FICE 0.0.0. Effective 1-1-65		
U.S.G.S.	AUTHORIZATION TO TI	AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS		
LAND OFFICE	Ha	w 13 - 3 33 👫 i	ďΰ	
TRANSPORTER GAS		- -		
OPERATOR				
PRORATION OFFICE				
Operator				
Gulf O11 Corporation	OR .			
Bex 670, Hobbs, No	t Merri on			
Reason(s) for filing (Check proper		1011 - (0)		
New Well	Change in Transporter of:	Other (Please explain) f:		
Recompletion	OII Dry (Abandoned Monument Blinebry and recompleted in Monument Grayburg.		
Change in Ownership	Casinghead Gas Cond	densate	In monument (ayourg.
If change of ownership give name and address of previous owner	9			
DESCRIPTION OF WELL AN		7/	.1 /	Market 10
Lease Name	Well No. Pool Name, Including		Kind of Lease	Lease No.
G. C. Natthews Location	5 Monu ment	(Gbr)	State, Federal or Fe	e Fee
	10 Feet From The South	2230		
Unit Letter;;	10 Feet From The South L	ine and ZJW	Feet From The	Kast
Line of Section 6	Fownship 20-S Range	37-B , NMF	PM, Ica	Country
				County
DESIGNATION OF TRANSPO	RTER OF OIL AND NATURAL G		·	
Name of Authorized Transporter of (by of this form is to be sent)
Name of Authorized Transporter of C	Casinghead Gas or Dry Gas	Box 1910, Mic	Signal Texas	y of this form is to be sent)
Warren Petroleum Corp		Bex 1589, Tu		y of this form is to be sent;
If well produces oil or liquids,	Unit Sec. Twp. Rge.	Is gas actually connec	ted? When	
give location of tanks.	I 6 208 37-E	Yes	5-1-	60
f this production is commingled v	with that from any other lease or pool,	, give commingling ord		
COMPLETION DATA	Oil Well Gas Well	T		
Designate Type of Complete	$x_{\text{tion}} = (X)$	New Well Workover		Back Same Res'v. Diff. Res'v
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.	T.D.
	Recompleted 5-1-69	57801		1921
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/ Pas Pay		ng Depth
3570' GL Perforations	Greyburg	3437'		14071
	'06 00 1 0516 101 0 0620 1		Depth	Casing Shoe
200-00.	505-081, 3546-1481 & 3610-1 TUBING, CASING, AN		DD	5779'
HOLE SIZE	CASING & TUBING SIZE	DEPTH S		SACKS CEMENT
17-1/2"	13-3/8*	3261	325	
12-1/4"	9-5/8	26501		sacks
8_3/1;"	78	57791	650	
	2=3/8*	34071		
TEST DATA AND REQUEST I DIL WELL	FUR ALLOWABLE (Test must be a able for this de	ifter recovery of total volue tepth or be for full 24 hour	ume of load oil and mus	t be equal to or exceed top allow-
Date First New Oil Run To Tanks	Date of Test		w, pump, gas lift, etc.)	
5-1-69	5-5-69	Floring		
Length of Test	Tubing Pressure	Casing Pressure	Choke	Size
24 hours	140#			8/64°
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-!	
7*	1	90 (30 load w		<u> հի</u> կ.0
GAS WELL		W	tir)	
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMC	F Gravit	y of Condensate
				·
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut	-in) Choke	Size
		<u> </u>		
ERTIFICATE OF COMPLIAN	iCE	OIL	CONSERVATION	COMMISSION
tanata na asi na mana a		APPROVED	h 1 -	-468 ··
ommission have been complied	regulations of the Oil Conservation with and that the information given	AFFRUVED	A Ro	
ove is true and complete to th	e best of my knowledge and belief.	BY	Hong	
		1 -1-1 6/	int	,

ORIGINAL SIGNED BY C. D. BORLAND

(Signature) Area Production Manager (Title)

(Date)

May 12, 1969

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 Forms C-104 must be filed for each pool in multiply completed wells.

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