NO. OF COPIES RECI	EIVED	İ	
DISTRIBUTIO			
SANTA FE			
FILE			
U.S.G.S.			
LAND OFFICE			
TRANSPORTER	OIL	I	
TRANSFORTER	GAS	Ι	
OPERATOR	l		
PROBATION OF	Ī		

HEW MEXICO OIL CONSERVATION COMMISSIC .

Form C-104

Γ	SANTA FE				ş	REQUEST	FOR ALLO	OWABLE		-		C-104 and C-110
Į	FILE						AND				lective 1-1-65	5
	U.S.G.S.	AUTHORIZATION TO TRANSPORT OLUMAND NATURAL GAS										
	LAND OFFICE		\rightarrow	1 50 AM 69								
	TRANSPORTER	OIL	\rightarrow							ų J		
ļ		GAS										
}	OPERATOR											
1.	PRORATION OFFICE Operator											
	Gulf Oil Corporation											
ŀ	Address	<u> </u>								··		
	Bez 670, He	bbs. N	W Mex	100 88240	0							
1	Reason(s) for filing			•			c	ther (Please	e explain)			•
1	New Well			Change in	n Transporte	er of:						
	Recompletion	Ц		Oil	닏	Dry Ga	ıs 📙	New We	11			
	Change in Ownershi	Р		Casinghe	ad Gas	Conder	nsate					
	If change of owners	ship give	name									
	and address of prev											
11	DESCRIPTION O	NC WELL	ANDI	FACE								
11.	DESCRIPTION O	<u>'F WELL</u>	AND L		Pool Name	, Including F	ormation		Kind of Lease)		Lease No.
	Most Parl	Queen 1	That &	165	Pearl	Queen			State, Federa	or Fee	State	B-1587
	Location											
	/ Unit Letter	K,	142	O Feet Fro	om The	outh Lir	ne and	25	Feet From '	The Wes	t	
	Line of Section	29	Town	ship 19-8		Range	<u>35-e</u>	, NMPN	ı, La	4		County
III.	DESIGNATION O				AND NA Condensate		Address (G	ive address	to which appro-	ed copy of t	his form is t	o be sent)
				*	,		· ·				·	·
	Name of Authorized Transporter of Casinghead Gas or Dry Gas					Ber 1910. Histand. Terms Address (Give address to which approved copy of this form is to be sent)						
	Warren Petr		_		Γ	_	Bex 1	580 T.1	en. Okla)			
	If well produces oil		- 1	Unit Sec	Twp.	Rge.		ally connect				
	give location of tan		, i	B	32 19-	8 35-E	Yes		<u> </u>	6-13-6	9	
	If this production i	s commin	gled with	that from ar			give commi	ingling orde	r number:			
	COMPLETION D									Total Deal	I C B.	'v. Diff. Res'v.
	Designate Ty	ne of Co	mpletion		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Some res	Din. Res.v.
	Date Spudded		1	Date Compl. F			Total Dept	<u> </u>		P.B.T.D.	<u> </u>	<u>i</u>
	5-28-69		·	6-19-69	-	· ·		651		502	81	
	Elevations (DF, RK	R RT CR	etc :	Name of Produ		ation	Top Oil/			Tubing De		
	3751' GL	D, 117, GA	, elc.,	Queen	-		1806			103	•	
	Perforations			4555	<u> </u>		1 4			Depth Cas		
	5006', 5005	51, 494	31, 49	421, 480	71 & 48	1061				506	50641	
						CASING, AN	D CEMENT	ING RECO	RD			
	HOLE	ESIZE	SIZE CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT		
	11"			8-5/8*			377!			250 seeks (Gironlated)		
	7-7/8**			5-1/2*	1		50	641		100 00	oks (70	C at 5050!
										 		
	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 allow-											
V.	TEST DATA AN	D REQU	EST FU	K ALLOWA	IBLE (I	est must be d ble for this d				ana mues ve	adman to our	exceed tob griom-
	Date First New Oil	Run To To	anks	Date of Test			Producing	Method (Flo	w, pump, gas li	ft, etc.)		
	6-12-69			6-30-	60		Pa	mD				
	Length of Test			Tubing Press	iure	-	Casing Pre	essure		Choke Siz	; •	_
	2h hours				•					20		
	Actual Prod. During	g Test		Oil-Bbls.			Water-Bbl			Gas - MCF	,	
	<u>li60</u>			317			143	<u> </u>				
	6 4 6 PP == =											
	Actual Prod. Test	MCF/D		Length of Te	•st		Bbls. Con	densate/MMC	CF CF	Gravity of	Condensate	
	Notice Float 1480											
	Testing Method (pi	itot, back r)r.)	Tubing Press	sure (Shut-	in)	Casing Pre	essure (Shw	t-in)	Choke Siz	ie	
				-	•	-						
VI	CERTIFICATE	OF COM	PLIANC	E		·····		OIL	CONSERVA	TION CC	DIMMISSIO	N
·		J. 00M		-					CONSERV	JL	1709	

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.

ORIGINAL SIGNED BY C. D. BORLAND

(Signature)

Area Production Manager (Title)

Gulf Oil Corporation , June 30, 1969

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

SUPERVISOR DISTRICT

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.

n in karan in karanggarang bilanggaran in kalanggar Lipin Panggaranggaran Tananggaran Lipin The first of the second of the • • • • • • and the second s