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| FILE | | |
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| LAND OFFICE | | |
| TRANSPORTER | OIL | |
| | GAS | |
| OPERATOR | | |
| PRODUCTION 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

| | |
|--|---|
| Operator Gulf Oil Corporation | |
| Address Box 670, Hobbs, New Mexico 88240 | |
| Reason(s) for filing (Check proper box) | Other (Please explain) |
| New Well <input type="checkbox"/> | Change in Transporter of: |
| Recompletion <input type="checkbox"/> | Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> |
| Change in Ownership <input type="checkbox"/> | Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/> |
| New Well | |

If change of ownership give name
and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

| | | | | |
|--|------------------------|--|---|----------------------------|
| Lease Name West Pearl Queen Unit | Well No. 167 | Pool Name, Including Formation Pearl Queen | Kind of Lease State, Federal or Fee State | Lease No. E-1587 |
| Location | | | | |
| Unit Letter 0 ; 1215 Feet From The South Line and 1225 Feet From The East | | | | |
| Line of Section 29 Township 19-S Range 35-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) | | | | | |
| Shell Pipe Line Corporation | Box 1910, Midland, Texas | | | | | |
| 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 | | | | | |
| If well produces oil or liquids, give location of tanks. | Unit B | Sec. 32 | Twp. 19S | Rge. 35-E | Is gas actually connected? Yes | When 11-18-69 |

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 <input checked="" type="checkbox"/> | Gas Well | New Well <input checked="" type="checkbox"/> | Workover | Deepen | Plug Back | Same Res'v. | Diff. Res'v. |
| Date Spudded 10-24-69 | Date Compl. Ready to Prod. 11-9-69 | | Total Depth 5050' | | P.B.T.D. 5013' | | | |
| Elevations (DF, RKB, RT, GR, etc.) 3753' GL | Name of Producing Formation Queen | | Top Oil/Gas Pay 4757' | | Tubing Depth 4953' | | | |
| Perforations 4757', 4758', 4897', 4898', 4959' & 4960' | | | | | Depth Casing Shoe 5049' | | | |
| TUBING, CASING, AND CEMENTING RECORD | | | | | | | | |
| HOLE SIZE | CASING & TUBING SIZE | | DEPTH SET | | SACKS CEMENT | | | |
| 12-1/4" | 8-5/8" | | 357' | | 400 sacks (Circulated) | | | |
| 7-7/8" | 5-1/2" | | 5049' | | 400 sacks (TOC at 30051) | | | |
| | 2-7/8" | | 4953' | | | | | |

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 11-9-69 | Date of Test 11-22-69 | Producing Method (Flow, pump, gas lift, etc.) Pump | |
| Length of Test 24 hours | Tubing Pressure --- | Casing Pressure --- | Choke Size 2" |
| Actual Prod. During Test 111 barrels | Oil - Bbls. 85 | Water - Bbls. 26 | 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.

ORIGINAL SIGNED BY
C. D. BORLAND

(Signature)

Area Production Manager

(Title)

November 24, 1969

(Date)

OIL CONSERVATION COMMISSION

APPROVED

BY

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 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.