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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, N.M. 88240		
Reason(s) for filing (Check proper box)		Other (Please explain)
New Well <input checked="" type="checkbox"/>	Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	New Well
Recompletion <input type="checkbox"/>		
Change in Ownership <input type="checkbox"/>		

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. 169	Pool Name, including Formation Pearl Queen	Kind of Lease State, Federal or Fee State	Lease No. E-8183 E-8184
Location Unit Letter N ; 1305 Feet From The South Line and 2565 Feet From The West Line of Section 28 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"/> Shell Pipe Line Corporation	Address (Give address to which approved copy of this form is to be sent) Box 1910, Midland, Texas 79701				
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Warren Petroleum Corporation Phillips Petroleum Company	Address (Give address to which approved copy of this form is to be sent) Box 1589, Tulsa, Oklahoma 74100 Phillips Building, Odessa, Texas 79760				
If well produces oil or liquids, give location of tanks.	Unit B	Sec. 29	Twp. 19-S	Rge. 35-E	Is gas actually connected with which No

If this production is commingled with that from any other lease or pool, give commingling order number: _____

V. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'v. <input type="checkbox"/>	Diff. Res'v. <input type="checkbox"/>
Date Spudded 2-15-77	Date Compl. Ready to Prod. 3-27-77		Total Depth 5000'		P.B.T.D. 5000'			
Elevations (DF, RKB, RT, GR, etc.) 3707' G L	Name of Producing Formation Queen		Top Oil/Gas Pay 4721'		Tubing Depth 4959'			
Perforations 4721 to 4926'					Depth Casing Shoe 5000'			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12 1/4"	8 5/8"		1800'		600 sacks-circulated			
7 7/8"	5 1/2"		5000' *		1800 sacks-circulated			
					*DV tool at 3192'			

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 3-27-77	Date of Test 4-24-77	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 hours	Tubing Pressure ---	Casing Pressure ---	Choke Size 2"
Actual Prod. During Test 229	Oil - Bbls. 99	Water - Bbls. 130	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.

D. F. Berlin
(Signature)

Area Engineer

(Title)

April 25, 1977

(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.

