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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 OIL C-104 and C-110
Effective 1-1-65

(GILLULLY B FEDERAL
COMMINGLED BATTERY)

Operator Amoco Production Company	
Address BOX 367, ANDREWS, TEXAS 79714	
Reason(s) for filing (Check proper box)	
New Well <input type="checkbox"/>	Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
Recompletion <input checked="" type="checkbox"/>	
Change in Ownership <input type="checkbox"/>	

If change of ownership give name and address of previous owner: _____
THIS WELL HAS BEEN PLACED IN THE POOL DESIGNATED BELOW. IF YOU DO NOT CONCUR NOTIFY THIS OFFICE.

Lease Name GILLULLY B FED R/A		Well No. 8	Pool Name, including Formation MONUMENT-PADDOCK	Kind of Lease State, Federal or Fee FED	Lease No. LC-031736(2)
Location Unit Letter C : 660 Feet From The NORTH Line and 1980 Feet From The WEST Line of Section 22 Township 20-S Range 37-E , NMEM, LEA County					

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> SHELL PIPE LINE CORP		Address (Give address to which approved copy of this form is to be sent) Box 576, HOUSTON TEXAS 77001			
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> PHILLIPS PETROLEUM CO.		Address (Give address to which approved copy of this form is to be sent) BARTLESVILLE OKLA			
If well produces oil or liquids, give location of tanks.	Unit G	Sec. 21	Twp. 20	Rge. 37	Is gas actually connected? When YES

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

Designate Type of Completion - (X)		Oil Well <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input checked="" type="checkbox"/>	Same Res't. <input type="checkbox"/>	Diff. Res't. <input checked="" type="checkbox"/>
Date Spudded 5-2-74	Date Compl. Ready to Prod. 8-1-74	Total Depth 6607'		P.B.T.D. 5350'					
Elevations (DF, RKB, RT, GR, etc.) 3561 GL	Name of Producing Formation PADDOCK	Top Oil/Gas Pay 5125'		Tubing Depth 5200'					
Perforations 5140-47, 63-75, 5196-5205 w/2JS PF		Depth Casing Shoe 6607'							
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE 12 1/4" 7 7/8"	CASING & TUBING SIZE 8 5/8" 5 1/2"	DEPTH SET 1236' 6607'		SACKS CEMENT 700 Sx 430 Sx.					

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 8-1-74	Date of Test 8-5-74	Producing Method (Flow, pump, gas lift, etc.) PmP	
Length of Test 24	Tubing Pressure —	Casing Pressure —	Choke Size —
Actual Prod. During Test 180	Oil-Bbls. 13	Water-Bbls. 167 BW	Gas-MCF 36

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

I. 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.	
4-NMDEC-N 1-DIV 1-SUSP 1-RR1 1-JEL 1-OBP	<p>Ray R. Yakum (Signature) ADMINISTRATIVE ASSISTANT. (Title) AUG 26 1974 (Date)</p>

OIL CONSERVATION COMMISSION	
APPROVED	AUG 26 1974, 19
BY	J. J. [Signature]
TITLE	SUPERVISOR DISTRICT I
This form is to be filed in compliance with RULE 1194. 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.	