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

-EW MEXICO OIL CONSERVATION COMMISSIC.

Form C-104

FILE	REQUEST	FOR ALLOWABLE	Supersedes Old C-104 and C-1 Effective 1-1-65	
U.S.G.S.	AND C. C. C. AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS 20 PH 169			
LAND OFFICE	+ AUTHORIZATION PAYING	D 20 PU 200	GAS	
I DANIS DODE TO DIL		o zu rm by		
TRANSPORTER GAS				
OPERATOR				
1. PRORATION OFFICE				
Gulf Oil Corporati	Lon			
Box 670, Hebbs, N	w Mexico 83240			
Reason(s) for filing (Check prope		Other (Please explain)	orarily commingle Hare	
Recompletion Change in Ownership	Change in Transporter of: Oil Dry G Casinghead Gas Conde	as production from	well No. 10 with Brunson duction from well No. 7,	
If change of ownership give name and address of previous owner		pending appreva	l of formal application t	
II. DESCRIPTION OF WELL A	ND LEASE			
Lease Name J. N. Carson (NCT-A) Location	Well No. Pool Name, Including F	Formation Kind of Lea State, Feder	20400	
Unit Letter;	1980 Feet From The South Li	ne and 2180 Feet From	The Rest	
Line of Section 28	Township 21-5 Range 3	7-E , NMPM, Les	County	
	PORTER OF OIL AND NATURAL GA			
Name of Authorized Transporter of	•	Address (Give address to which appro	oved copy of this form is to be sent)	
Shell Pipe Line Cor Name of Authorized Transporter of	or Dry Gas or Dry Gas	Box 1910, Midland, Tex. Address (Give address to which appr	oved copy of this form is to be sent)	
_	•		,	
If well produces oil or liquids,	Unit Sec. Twp. Rge.	Box 1589, Tulsa, Oklah Is gas actually connected?	en en	
give location of tanks.	J 28 21-8 37-E	Yes	Unknown	
If this production is commingle IV. COMPLETION DATA	d with that from any other lease cr pool,	give commingling order number:		
Designate Type of Comp	letion - (X)	New Well Workover Deepen	Plug Back Same Restv. Diff. Restv	
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.	
Elevations (DF, RKB, RT, GR, et	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth	
Perforations			Depth Casing Shoe	
	TUBING, CASING, AN	D CEMENTING RECORD		
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
V. TEST DATA AND REQUES	T FOR ALLOWABLE (Test must be a		l and must be equal to or exceed top allou	
OII. WELL Date First New Oil Run To Tanks	<u> </u>	epth or be for full 24 hours) Producing Method (Flow, pump, gas l	ift. etc.)	
Sute First New Oil Num 10 1 dinks	Suite of Foot	1 location (1 total pamp)	,,,,,,	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size	
Actual Prod. During Test	Oil-Bbls.	Water - Bbis.	Gas - MCF	
			<u> </u>	
GAS WELL Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate	
Actual Flod, 1981-MC17D	Langth of 100t	Bata. Goldanatio, Min.o.	G. G	
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size	
VI. CERTIFICATE OF COMPL	IANCE	OIL CONSERVATION COMMISSION		
I handby contifu that the miles	and regulations of the Oil Conservation	·	1500 19	
Commission have been compli	ed with and that the information given	0.0.0	B. M.	
above is true and complete to	the best of my knowledge and belief.	BY	WW 102	
		TITLE JANEAU	Of the said of w	
ORIGINAL SIGNED	ORIGINAL SIGNED BY		compliance with RULE 1104.	
C. D. BORLAND		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		
· · · · · · · · · · · · · · · · · · ·	(Signature)	well, this form must be accompated tests taken on the well in acco	enied by a tabulation of the deviation	
Area Production Manager		All sections of this form must be filled out completely for allow-		

(Title) May 27, 1969

(Date)

able 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.