

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

Form C-104
Revised 10-1-78REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

TO: OIL CONSERVATION DIVISION	
DISTRIBUTION	
LANGUAGE	
FILE	
USE	
LAND OFFICE	
TRANSPORTER	
OPERATION	
PRODUCTION OFFICE	
OPERATOR	

Gulf Oil Corp.

Address

P. O. Box 670, Hobbs, NM 88240

Reason(s) for filing (check proper box)

New Well ☐Recompletion ☐Change in Ownership ☐

Change in Transporter of

Oil ☐Casinghead Gas ☐Dry Gas ☐Condensate ☐

Other (Please explain)

To identify correct lease & well # to
handle gas produced in connection w/operations of CDU #100 WSWIf change of ownership give name
and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name J. N. Carson (NCT-C)	Well No. 8	Pool Name, including Formation San Andres	Kind of Lease State, Federal or Fee Fee	Lease N
Location				
Unit Letter I	: 1980 Feet From The	South Line and	990 Feet From The	East
Line of Section 28	Township 21S	Range 37E	NMPN	Lea
				Count

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☐ or Condensate ☐	Address (Give address to which approved copy of this form is to be sent)
Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐	Address (Give address to which approved copy of this form is to be sent)
Warren Petroleum Corp.	Box 1589, Tulsa, OK 74100
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge.
	Is gas actually connected? When

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

COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'tv.	Diff. Res.
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
Elevations (DF, RNB, RT, CR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
Perforations							Depth Casing Shoe	

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

TEST DATA AND REQUEST FOR ALLOWABLE
OIL WELL

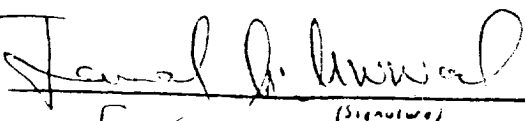
(Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	water-Bbls.	Gas-MCF

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MCF	Gravity of Condensate
Testing Method (prior, back pr.)	Tubing Pressure (Shut-In)	Casing Pressure (Shut-In)	Choke Size

CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation
Division have been complied with and that the information given
above is true and complete to the best of my knowledge and belief.

Area Engineer

5-30-84

(Date)

OIL CONSERVATION DIVISION

JUN 1 1984

APPROVED _____, 19

BY ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

TITLE _____

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

If this is a request for allowable for a newly drilled or deeper
well, this form must be accompanied by a tabulation of the deviat
tests taken on the well in accordance with RULE 111.All sections of this form must be filled out completely for all
wells on new and recompleted wells.Fill out only Sections I, II, III, and VI for changes of own
well name or number, or transporter, or other such change of condition.Separate Forms C-104 must be filled for each pool in multi
completed wells.

RECEIVED

MAY 21 1984

O.C.D.
HOBBS OFFICE