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

JUL 13 12 47 PM '65

| | |
|--|---|
| I. OPERATOR Gulf Oil Corporation | |
| Address P. O. Box 670, Hobbs, New Mexico | |
| Reason(s) for filing (Check proper box) | Other (Please explain) |
| New Well <input type="checkbox"/> | Change in Transporter of: Change in oil transporter - incorrectly known to Shell Oil Corporation |
| Transportation <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"/> |

If change of ownership give name and address of previous owner

| | | | | | |
|--|--|---|--|----------------------------------|--|
| II. DESCRIPTION OF WELL AND LEASE | | Well No. Pool Name, Including Formation | | Kind of Lease | |
| Lease Name Central Oilfield Unit | | 122 | | State, Federal or Fee Fee | |
| Location | | | | | |
| Unit Letter P 660 Feet From The south Line and 660 Feet From The east | | | | | |
| Line of Section 29 Township 12N Range 1W N.M.P.A. 1902 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 Pipeline Corporation | | | Box 1100, Houston, Texas | | |
| Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> | | | Address (Give address to which approved copy of this form is to be sent) | | |
| Shell Oil Company | | | Box 1100, Houston, Texas 77000 | | |
| If well produces oil or liquids, give location of tanks. | Unit J | Sec. 29 | Twp. 12N | Range 1W | Is gas actually connected? Yes When Unknown |

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

| | | | | | | | | | |
|--------------------------------------|-----------------------------|----------------------|----------|-----------|----------|-------------------|-----------|-------------|--------------|
| IV. COMPLETION DATA | | Oil Well | Gas Well | New Well | Workover | Deepen | Plug Back | Same Res'v. | Diff. Res'v. |
| Designate Type of Completion - (X) | | | | | | | | | |
| Date Spudded | Date Compl. Ready to Prod. | Total Depth | | | | P.B.T.D. | | | |
| Perf. | 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 | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |


V. TEST DATA AND REQUEST FOR ALLOWABLE (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)

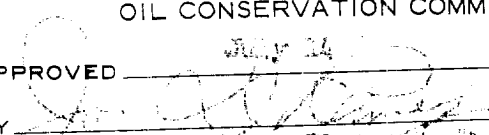
| | | | |
|---------------------------------|-----------------|---|------------|
| Date First New Oil Run To Tanks | Date of Test | Producing Method (Flow, pump, gas lift, etc.) | |
| Length of Test | Tubing Pressure | Casing Pressure | Choke Size |
| Actual Prod. During Test | Oil-Bbls. | Water-Bbls.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

| | | | | | |
|----------------------------------|-----------------|-----------------------|--|-----------------------|--|
| GAS WELL | | Bbls. Condensate/MMCF | | Gravity of Condensate | |
| Actual Prod. Test-MCF/D | Length of Test | | | | |
| Testing Method (pitot, back pr.) | Tubing Pressure | Casing Pressure | | 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.


(Signature)
Area Production Manager
(Title)
(Date)

OIL CONSERVATION COMMISSION
APPROVED  , 19 **65**
BY **Commissioner, District #1**
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 Sections I, II, III, and VI only 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.