

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
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

I. **Owner**
Gulf Oil Corporation
Address
Box 670, Hobbs, New Mexico
Reason(s) for filing (Check proper box)
New well ☐ Change in Transporter oil ☐ Other (Please explain)
Changing status ☐ Oil ☐ Dry Gas ☐ Change in lease name & well number
Change in ownership ☐ Casinghead Gas ☐ Condensate ☐ effective 7-1-65
Was Sunray DX D. Hardy No. 2

If change of ownership give name and address of previous owner
Sunray DX Oil Co., Box 128, Hobbs, New Mexico

II. DESCRIPTION OF WELL AND LEASE

Lease Name: General Drinkard Unit 29 Well No.: 70 Pool Name, including Formation: Hobbs Kind of Lease: Fee
Location: Unit Letter: G 1980 Feet From The North Line and 1980 Feet From The East
Line of Section: 29 Township: 22N Range: 22E NMPM, Lea County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐
Shell Oil Corporation Address (Give address to which approved copy of this form is to be sent)
Box 1000, Midland, Texas
Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐
Shell Oil Company Address (Give address to which approved copy of this form is to be sent)
Box 1234, Durango, New Mexico
If well produces oil or liquid, give location of tanks. Unit: J Sec: 29 Twp: 22N Rge: 22E 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

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

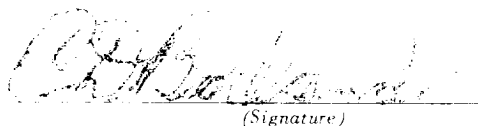
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
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)

J. H. Jackson, Director

(Title)

June 17, 1965

(Date)

OIL CONSERVATION COMMISSION

APPROVED June 18 1965

BY J. H. Jackson

TITLE Supervisor, District #1

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.