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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

Operator <b>Gulf Oil Corporation</b>	
Address <b>Box 670, Hobbs, New Mexico</b>	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input type="checkbox"/>	<b>Change in lease name &amp; well number effective 7-1-65 Was Amerada's Joyce Pruitt #1</b>
Recompletion <input type="checkbox"/>	
Change in Ownership <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"/>	

If change of ownership give name and address of previous owner **Amerada Petroleum Corp., Box 706, Eunice, N.M.**

II. DESCRIPTION OF WELL AND LEASE		/ 57 /	
Lease Name <b>Central Drinkard Unit</b>	Well No. <b>69</b>	Pool Name, Including Formation <b>Drinkard</b>	Kind of Lease State, Federal or Fee <b>Fee</b>
Location Unit Letter <b>I</b> ; <b>1980</b> Feet From The <b>south</b> Line and <b>330</b> Feet From The <b>east</b> Line of Section <b>31</b> , Township <b>21S</b> Range <b>37E</b> , NMPM, <b>Lea</b> 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"/> <b>Shell Oil Corporation</b>	Address (Give address to which approved copy of this form is to be sent) <b>Box 1920, Midland, Texas</b>
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> <b>Skelly Oil Company</b>	Address (Give address to which approved copy of this form is to be sent) <b>Box 1135, Eunice, New Mexico</b>
If well produces oil or liquids, give location of tanks. Unit <b>I</b> Sec. <b>32</b> Twp. <b>21S</b> Rge. <b>37E</b>	Is gas actually connected? <b>Yes</b> When <b>Unknown</b>

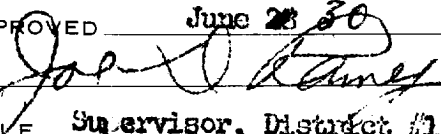
If this production is commingled with that from any other lease or pool, give commingling order number: \_\_\_\_\_

IV. COMPLETION DATA	
Designate Type of Completion - (X)	Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> New Well <input type="checkbox"/> Workover <input type="checkbox"/> Deepen <input type="checkbox"/> Plug Back <input type="checkbox"/> Same Res'v. <input type="checkbox"/> Diff. Res'v. <input type="checkbox"/>
Date Spudded	Date Compl. Ready to Prod.
Pool	Name of Producing Formation
Perforations	Top Oil/Gas Pay
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
Length of Test	Producing Method (Flow, pump, gas lift, etc.)
Actual Prod. During Test	Tubing Pressure
	Casing Pressure
	Choke Size
	Water - Bbls.
	Gas - MCF

GAS WELL	
Actual Prod. Test-MCF/D	Length of Test
Testing Method (pitot, back pr.)	Bbls. Condensate/MMCF
	Gravity of Condensate
	Casing Pressure
	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.	
	
Area Production Manager	
(Title)	
June 17, 1965	
(Date)	

OIL CONSERVATION COMMISSION	
APPROVED	June 28 30, 19 65
BY	
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.	

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