

DISTRIBUTION		
SA TA FE		
FI E		
G.S.		
ID 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. Operator
Gulf Oil Corporation
Address
Box 670, Hobbs, New Mexico 88240
Reason(s) for filing (Check proper box) Other (Please explain)
New Well ☐ Change in Transporter of: ☐ Abandoned Tubb Gas & completed in Drinkard
Recompletion ☐ Oil ☐ Gas is connected to Warren's system but
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐ run to El Paso Natural Gas Co. Account.

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Mark Owen	Well No. 5	Pool Name, including Formation Drinkard	Kind of Lease State, Federal or Fee Fee	Lease No.
Location Unit Letter P ; 660 Feet From The South Line and 660 Feet From The East Line of Section 34 Township 21-S Range 37-E , NMPM, Lea 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"/> Shell Pipe Line Corporation	Address (Give address to which approved copy of this form is to be sent) Box 1910, Midland, Texas 79701					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Warren Petroleum Corporation	Address (Give address to which approved copy of this form is to be sent) Box 1589, Tulsa, Oklahoma 74100					
If well produces oil or liquids, give location of tanks.	Unit I	Sec. 34	Twp. 21-S	Rge. 37-E	Is gas actually connected? Yes	When December 30, 1974

If this production is commingled with that from any other lease or pool, give commingling order number: **PC-139**

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 Spent Recompleted 12-10-74	Date Compl. Ready to Prod. 12-10-74	Total Depth 6545'	P.B.T.D. 6420'					
Elevations (DF, RKB, RT, GR, etc.) 3400' DF	Name of Producing Formation Drinkard	Top Oil/Gas Pay 6267'	Tubing Depth 6238'					
Perforations 6267' to 6396'		Depth Casing Shoe 6545'						
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
17-1/2"	13-3/8"	293'	300 sacks (Circulated)					
12-1/4"	9-5/8"	2900'	1300 sacks (TOC at 1570')					
8-3/4"	7"	6545'	700 sacks (TOC at 2055')					
	2-3/8"	6238'						

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 1363	Length of Test 24 hours	Bbls. Condensate/MMCF --	Gravity of Condensate --
Testing Method (picks, back pr.) Flow Meter	Tubing Pressure (shut-in) 325# (Flowing)	Casing Pressure (shut-in) --	Choke Size 25-64"

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.

GA Bortland
(Signature)
Area Production Manager
(Title)
December 31, 1974
(Date)

OIL CONSERVATION COMMISSION

APPROVED **1077** 19
BY
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 only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.