NO. OF COPIES REC	EIVED	
DISTRIBUTIO	ON-	
SANTA FE		
FILE		
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OFFICE		
Operator		

	SANTA FE FILE U.S.G.S.	REQUEST	FOR ALLOWABLE	Form C-104 Supersedes Old C-104 and C-11 Effective 1-1-65 GAS
	TRANSPORTER OIL GAS OPERATOR		(1612) (1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	
1.	Operator Operator			
	Gulf Oil Corporation			
	P. O. Box 670, Hobbs,			
	Reason(s) for filing (Check proper box	Change in Transporter of:	Other (Please explain) Change in comers	tip effective 8-1-66.
	Recompletion	Oil Dry Go		Field Yetes Sand Undt
	Change in Ownersh	Casinghead Gas Conde	nsate Section 12, h	Well No. 13
	If change of ownership give name and address of previous owner	British-American Oil Pro	during Co., P. O. Box 4	74, Midland, Texas
	•			
п.	Lease Name	Well No. Pool Name, Including F	ormation Kind of Leas	se Lease No.
	Jalmat Field Yatos Sand		State, Feder	al or Fee State E-2682
	Location		***	·
	Unit Letter;;	1650 Feet From The south Lir	ne and Feet From	The west
	Line of Section 12 To	wnship 225 Range 35	, NMPM,	Lea County
***	DESIGNATION OF TRANSPOR	TED OF OU AND NATURAL CA	16	
211.	Name of Authorized Transporter of Oil	TER OF OIL AND NATURAL GA	Address (Give address to which appro	oved copy of this form is to be sent)
	WATER INJECTION WELL		(0)	
	Name of Authorized Transporter of Ca	singhead Gas or Dry Gas	Address (Give address to which appro	oved copy of this form is to be sent)
	If well produces oil or liquids,	Unit Sec. Twp. Rge.	Is gas actually connected?	hen
	give location of tanks.			
		th 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 Restv. Diff. Restv.
	Designate Type of Completi			
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
	Elevations (DF, RKB, RT, GR, etc.,	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
	Perforations			Depth Casing Shoe
			D CEMENTING RECORD DEPTH SET	SACKS CEMENT
	HOLE SIZE	CASING & TUBING SIZE	DEFINSE	SACKS CEMENT
				_
v.	TEST DATA AND REQUEST F		fter recovery of total volume of load oil opth or be for full 24 hours)	l and must be equal to or exceed top allow-
	Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas l	ift, etc.)
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size
	Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas - MCF
	1	_1	_h	
	GAS WELL Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
				Comments
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
_				A TION 66: 11 11 15: 15: 15
VI.	CERTIFICATE OF COMPLIAN	TIFICATE OF COMPLIANCE OIL CONSERVATION COMMISSION		
	I hereby certify that the rules and	regulations of the Oil Conservation	APPROVED	20
	Commission have been complied	with and that the information given e best of my knowledge and belief.	BY Val O	mey 1
	-		11 July 1 1 1947/446	~ 11 ~ 1

VI.

Area Production Manager

(Title)

7-28-66 (Date)

TIVE 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 only Sections I, II, III, and VI 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.

Ouls the Corporation

P. C. Box 670, Robber, Une Marker 1823/11

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