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## NEW MEXICO OIL CONSERVATION COMMISSION

Form C-104

Consider Old C-104 and C-110

FI_E	REQUES	OI FOR ALLOWABLE	Effective 1-1-65	
U.S.G.3.	AUTHORIZATION TO T	AND AUTHORIZATION TO TRANSPORT OIL AND NATIURAL GAS		
LAND OFFICE	AOTHORIZATION TO T	RANSFORT OIL AND NATION	AL GAS	
VE AND BODTED OIL		, i.u.g	T6 4 05 PH 165	
TFANSPORTER GAS			- · · · · · · · · · · · · · · · · · · ·	
OFERATOR				
I. PEORATION OFFICE				
Operator			· · · · · · · · · · · · · · · · · · ·	
Gulf Oil Corporat	ion			
Adoress				
Box 670, Hobbs, N				
Reason(;) for filing (Check prope	er box)	Other (Please explain	)	
Hev/Well	Change in Transporter of:			
Recompletion	Oil Dry	Gas		
Change a Ownership	Casinghead Gas Cor.	denscte		
If change of ownership give na	ame			
and address of previous owner				
H. DECORPORATION OF HIS		웃		
II. DESCRIPTION OF WELL A		Name, Including Formation	\ Kind of Lease	
H. T. Orcutt (NCT		es. Morament Tubb	State, Federal or Fee State	
Location	-117 110	cas inclimate -ups / /	State, I edeld of Fee State	
Unit Letter;	1980 Feet From The North	ine and 660	From The Wes \$	
Unit Letter;	Feet From The NOT WILL	ine and Feet I	From The Mes 1	
Line of Section 11	, Township 20-S Range	37-B , NMPM,	Let County	
	Trange	, 10001-10.,	County	
I. DESIGNATION OF TRANSI	PORT <u>er</u> of oil and natural o	GAS		
Name of Authorized Transporter			approved copy of this form is to be sent)	
The Permian Corpor	retion	Box 4157, Midland,		
Name of Authorized Transporter	of Casinghead Gas or Dry Gas	Address (Give address to which	approved copy of this form is to be sent)	
None - gas is ven	ted - waiting on tank batt			
If well produces oil or liquids,	Unit Sec. Twp. Rge.	Is gas actually connected?	When	
give location of tanks.	E 11 20-8 37-	B No	İ	
If this production is commingle	ed with that from any other lease or poo	1. give commingling order number		
V. COMPLETION DATA				
Designate Type of Comp	Oil Well Gas Well	New Well Workover Deepe	en Plug Back Same Res'v. Diff. Res'v.	
	i	1		
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.	
7-23-65	8-15-65	67251	6691*	
[100.	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth	
Undes. Monument Tubi	Tubb	65401	6434°	
Periorations	· · · · · · · · · · · · · · · · · · ·		Depth Casing Shoe	
6549-511, 6586-881 8	6 9038-401		6724'	
		ND CEMENTING RECORD		
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
2.2/50	8-5/8"	14031	530 &k. (Circulated)	
7-7/8"	5-1/2"	67241	890 &x. (TOC @ 25051)	
	2-3/8°	6434		
7. TEST DATA AND REQUES		after recovery of total volume of load	d oil and must be equal to or exceed top allow-	
OIL WELL  Date First New Oil Run To Tanks		depth or be for full 24 hours) Producing Method (Flow, pump, g	vas lift etc.)	
			as tift, etc.)	
<b>8-15-65</b> Length of Test	<b>8-15-65</b> Tubing Pressure	Flowing Craing Pressure	Choko Sin-	
		Casing Pressure	Choke Size	
11 Hours Actual Prod. During Test	700#	Water-Bbls.		
18h	- •	_	Gas-MCF	
108	184		•	
CIAC MIEW Y				
GAS WELL	l and a firm			
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate	
and the district of the distri	(Cubin - De			
resung Method (pitot, back pr.)	Tubing Pressure	Cusing Pressure	Choke Size	
. CERTIFICATE OF COMPL	IANCE	OIL CONSE	RVATION COMMISSION	
			and the same of th	
I hereby certify that the rules	and regulations of the Oil Conservation	APPROVED	, 19	

## VI.

Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

ORIGINAL SIGNED BY C. D. BORLAND

7.9	Sie	nat	7.76

(Title)

Area Production Manager

August 16, 1965

(Date)

APPROVED	. 19
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ВУ	

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.

	NUMBER H. 1. O		A.P
(New Mexico	o give U,S,T & R; Texa	s give S,Blk.,Sur.& Twp	-37-E, Lea County, N. M whice required)
OPERATOR	GULF	Section 11, T-20-8, R s give S,Blk.,Sur.& Twp OIL CORPORATION	4 05 PH 165
	ACTOR Johnn Drilli		The state of the s
drilling contractor	who drilled the above-	t he is an authorized re- described well and that	epresentative of the t he has conducted
	obtained the following	g results:	
Degrees @ Depth	Degrees @ Depth	Degrees @ Depth	Degrees @ Depth
1 377	3/4 4470		
3/4 683	1 4854		
3/4 1050	3/4 5061		
1 1405	3/4 5428		
3/4 1762	1-1/2 5775		·
3/4 2101	1/2 6015	* 44 The Control of t	
2-1/4 2575		•	
1 2749	3/4 6149 3/4 6373	* *************************************	
		***	
1/2 3067	3/4 6513		
1/2 3463	1 6725		
1 3643			
3/4 3839			
1 3943		#6 <b>///////</b>	
3/4 4199			
·			
	Dri	lling Contractor John	n Drilling Company
		Ву	& Check
Cub and bad			O. G. Cheek Drilling Supt.
Subscribed and sworn	to before me this 12th	h day of <u>August</u>	, 19 <u>65</u>
		Balland	C. Grand
My Commission Expires		Notary I	