

NEW MEXICO OIL CONSERVATION COM. 1001
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-101 and C-
Effective 1-1-85

DATE RECEIVED	
WELL NAME	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL GAS
OPERATOR	
PRODUCTION OFFICE	

Operator Gulf Oil Corporation
Address P.O. Box 670, Hobbs, NM 88240
Reason(s) for filing (Check proper box)
New Well ☐ Change in Transporter of:
Recompletion ☐ Oil ☐ Dry Gas ☐
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐
Other (Please explain) Change Lease Name and
Well Number effective 2-1-85
Arnett Ramsay (NCTC) No. 2
If change of ownership give name
and address of previous owner _____

DESCRIPTION OF WELL AND LEASE

Lease Name Cenice Monument South Well No. 440 Pool Name, including Formation Cenice Monument Kind of Lease State, Federal or Fee Lease No. B-289
Location D 660 Feet From The North Line and 660 Feet From The West Line of Section 21 Township 21-S Range 36-E, N.M.P.M., Lea County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐ Address (Give address to which approved copy of this form is to be sent)
Shell Pipe Line Company Box 1910 Midland TX 79701
Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐ Address (Give address to which approved copy of this form is to be sent)
Phillips Petroleum Company 4001 Genbrook Odessa TX 79761
If well produces oil or liquids, give location of tanks. Unit F Sec. 21 Twp. 21-S Range 36-E Is gas actually connected? Yes when Unknown

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

COMPLETION DATA

Designate Type of Completion - (X) Oil Well Gas Well New Well Workover Deepen Plug Back Same Prod. Part. Prod.
Date Spudded _____ Date Compl. Ready to Prod. _____ Total Depth _____ F.B.T.D. _____
Elevations (DF, RKB, RT, GR, etc.) _____ 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

TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

(Test must be after recovery of total volume of lead 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
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 (flow, back pr.)	Tubing Pressure (lb/in ²)	Casing Pressure (lb/in ²)	Choke Size

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.

R.D. Pitzer
(Signature)

AREA ENGINEER
(Title)

1-21-85
(Date)

OIL CONSERVATION COMMISSION

APPROVED MAR 14 1985, 19 _____
BY _____

TITLE ORIGINAL SIGNED BY JIMMY HARRISON

This form is to be used for a newly drilled or deepened well. If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviate logs 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 change of well name or number, or transporter, or other such change of title.

RECEIVED

FEB -4 1985

S. C. B.
HOUSE OFFICE