ISTRIBUTION	
	NEW MEXICO OIL
AFE	R E QUEST
.s.	AUTHORIZATION TO TR
OFFICE	
SPORTER GAS	
RATOR	
RATION OFFICE	
Western Oil Field	ds, Inc.
	Hobbs, New Mexico
(s) for filing (Check proper box)	Thunge in Transporter of:
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on weer hip	Cond
ge of ownership give name dress of previous owner,	
RIPTION OF WELL AND L	FASE
10 mm	Well No. Pool N
Gulf Hill	1 31:
. LetterR	D Feet From The South
e of Jenico 4 , Town	anip 21-S Range
7,30,1	- Congo
NATION OF TRANSPORT	or Condensate
e Permian Corporat:	
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e Skelly Oil Compar	ny Mait Sec. Twy. Age.
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(Title

(Date

1-27-64

CONSERVATION COMMISSION

Form C - 04

SANTA FE FILE		REQUEST F		WABLE		Superseces Old C-104 and C- Effective 1-1-65			
U.S.G.S.	AUTHORIZ	AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS							
LAND OFFICE									
RANSPORTER GAS									
OPERATOR									
PRORATION OFFICE	!_								
Western Oil Fi	elds, Inc.								
P. O. Box 1137	', Hobbs, Nev	Mexico							
Reason's) for filing (Check proper	hox j			ther (Please expla Well decla		well instead			
Dev Well					of gas well by occ.				
then room where hip	Casinghead Go	Condens	sate						
If change of ownership give name	e								
and address of previous owner,									
DESCRIPTION OF WELL AN	D LEASE	Well No. Pool Nam	ne, Including	Formation	Kind	of Lease			
Gulf Hill		1 Blin	ebry O i	.1	State	, Federal o: Fee Fee			
Librarian R]	L980 Feet Street Str	South Line	1.9)8 0 Fee	, 'S	East			
1.44 (1.55) (1.55)		Line	e and	r ee	et From The				
Time of Jenico 4 ,	Township 21-S	Range 37	E	, NMPM,	Lea	County			
DESIGNATION OF TRANSPO	ORTER OF OIL AND	D NATURAL GA	<u>s</u>						
Name of Authorized Transporter of	Oil 🔼 cr Conder	sate 🗀	Address (Gi	ve address to whi Box 3119,		y of this form is to be sent)			
	The Permian Corporation Time of Authorized Transporter of Casinghead Gas X or Dry Gas					by of this form is to be sent)			
The Skelly Oil Con		= :::,		Box 1136,	Eunice,	New Mexico			
if well projuces oil or liquid; give location of tanks.	Vait Sec.	21-S 37-E	rs gas actua Ye			28-55			
If this production is commingled	with that from any otl	ner lease or pool, a	give commin	ngling order num	ber: PC -	201			
COMPLETION DATA	Cil We		New Well			Back Same Res'v. Diff. Res			
Designate Type of Comple	etion - (X)		! ! !			·			
Late Syrided	Date Compl. Ready	to Frod.	Total Depth		P.B.	T.D.			
; ccl	Name of Producing	Formation	Top Oil/Ga	s Pay	Tubi	ng Depth			
					Dent	h Casina Stoe			
I orierations					Берс	i Odering brook			
		NG, CASING, AND	CEMENTI						
HOLE SIZE	CASING & T	UBING SIZE		DEPTH SET		SACKS CEMENT			
TEST DATA AND REQUEST	FOR ALLOWABLE	E (Test must be af	ter recovery	of total volume of	load oil and mu	st be equal to or exceed top all			
OIL WELL		able for this de	pth or be for ;	full 24 hours) Method (Flow, pum					
. Ref Prof. 15 W 12 Car 10 Parac			,						
Length of Test	Tubing Pressure		Casing Pres	ssure	Chok	ce Size			
Actual Prod. During Test	Cil-Bbls.		Water - Bbls	•	Gas.	-MCF			
GAS WELL									
Actual Frod, Test-MOF/D	Length of Test		Bbls. Conde	ensate/MMCF	Grav	ity of Condensate			
Testing Method (pitot, back pr.)	Tubing Pressure		Casing Pres	SCUPA	Chak	re Size			
resting Method (pitot, back pit)	. dbing Flessure		Orang i io	33 ti C	O.I.O.K	.c biac			
CERTIFICATE OF COMPLI	ANCE			OIL CON	SERVATION	COMMISSION			
The state of the s	ad appropriations of the	Oil Congovertion	APPRO	/Ε Φ'		, 19			
I hereby certify that the rules a Commission have been complie above is true and complete to	ed with and that the	information given		- · · · · · · · · · · · · · · · · · · ·					
above is true and complete to	the best of my know	reage and perfer.							
	-		·						
Paul su	htt:		If th	is is a request t	for allowable f	ance with RULE 1104. for a newly drilled or deepen			
			well this	s form must be a	accompanied b	y a tabulation of the deviati with RULE 111.			
Division En	gineer		1 1			filled out completely for allo			

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.