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U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRODUCTION 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-1
Effective 1-1-65

I.

Operator GULF OIL CORPORATION	
Address P. O. Box 670, Hobbs, New Mexico 88240	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input type="checkbox"/>	Change in Transporter of:
Recompletion <input checked="" type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
Recompletion in Tubb Gas	

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Eubank	Well No. 8	Pool Name, including Formation Tubb Gas	Kind of Lease State, Federal or Fee	Fee	Lease No.
Location					
Unit Letter G	1750	Feet From The North Line and 2310	Feet From The East		
Line of Section 22	Township 21-S	Range 37-E	N.M.F.M.	Lea	County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)				
Shell Pipe Line Company	P. O. Box 1910, Midland, Texas 79701				
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)				
Northern Natural Gas Company	P. O. Box 308, Omaha, Nebraska 68101				
If well produces oil or liquids, give location of tanks.	Unit B	Sec. 22	Twp. 21-S	Rge. 37-E	Is gas actually connected? <input type="checkbox"/> When

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

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
				<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		
Date XXXX recompleted 08-16-78	Date Compl. Ready to Prod. 08-16-78		Total Depth 7520'		P.B.T.D. 6295'			
Elevations (DF, RKB, RT, GR, etc.) 3425' GL	Name of Producing Formation Tubb Gas		Top Oil/Gas Pay 6018'		Tubing Depth 6033'			
Perforations 6018' - 6224'					Depth Casing Shoe			

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17-1/2"	13-3/8" - 48#	315'	360 sx - Circ
11"	8-5/8" - 28# & 24#	2,799'	1651 sx - Circ
7-7/8"	5-1/2" - 17, 15.5 & 14#	7,519'	290 sx - TSITOC @
			5845'

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 422	Length of Test 24 hours	Bbls. Condensate/MMCF 6	Gravity of Condensate 46° API
Testing Method (pump, back pr.) Back Pressure	Tubing Pressure (Flowing) 90# Flowing	Casing Pressure (Shut-in) -	Choke Size 24/64"

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.

J. P. Sikes
(Signature)

Area Engineer
(Title)

08-31-78
(Date)

OIL CONSERVATION COMMISSION

APPROVED NOV 9 1978, 19

BY [Signature]

TITLE SUPERVISOR DISTRICT I

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 multiple completed wells.