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LAND OFFICE	
TRANSPORTER	OIL GAS
OPERATOR	
PRORATION 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-110
Effective 1-1-65

Operator Western Oil Fields, Inc.	
Address P.O. Box 1137, Hobbs, New Mexico 88240	
Reason(s) for filing (Check proper box)	
New Well <input checked="" type="checkbox"/>	Change in Transporter of:
Recompletion <input 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"/>
Other (Please explain)	
If change of ownership give name and address of previous owner	

II. DESCRIPTION OF WELL AND LEASE		UNDESIGNATED	
Lease Name Gulf Hill	Well No. 4	Pool Name, Including Formation Wantz Abo	Kind of Lease State, Federal or Fee Fee
Location			
Unit Letter S	1980	Feet From The West	Line and 1980
Line of Section 4		Township 21S	Range 37E
		NMPM, Lea	County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS						
Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Gulf Oil Corporation	Address (Give address to which approved copy of this form is to be sent) Crude Oil Dept. Box 1150, Midland, Texas					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> Skelly Oil Company	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1136, Eunice, New Mexico					
If well produces oil or liquids, give location of tanks.	Unit N	Sec. 4	Twp. 21S	Rge. 37E	Is gas actually connected? Yes	When 1964

If this production is commingled with that from any other lease or pool, give commingling order number: **R - 2577**

IV. COMPLETION DATA			
Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> New Well <input type="checkbox"/> Workover <input type="checkbox"/> Deepen <input type="checkbox"/> Plug Back <input type="checkbox"/> Same Res'v. <input type="checkbox"/> Diff. Res'v. <input type="checkbox"/>		
Date Spudded January 16, 1964	Date Compl. Ready to Prod. March 26, 1964	Total Depth 7450	P.B.T.D. 7430
Pool Wantz Abo	Name of Producing Formation Wantz Abo	Top Oil/Gas Pay 6950	Tubing Depth Tubingless
Perforations 7020-7055-7078-7096 one shot/foot		Depth Casing Shoe 7430	
TUBING, CASING, AND CEMENTING RECORD			
HOLE SIZE 9-7/8	CASING & TUBING SIZE 2-7/8" Reg. Csg.	DEPTH SET 7430	SACKS CEMENT 900
Refer to R-2577 - Well triply completed with Blinebry Oil and Drinkard Oil			

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 April 13, 1967	Date of Test April 15, 1967	Producing Method (Flow, pump, gas lift, etc.) Flow	
Length of Test 24	Tubing Pressure ----	Casing Pressure 75#	Choke Size 32/64
Actual Prod. During Test 4.0	Oil-Bbls. 4.0	Water-Bbls. -0-	Gas-MCF 105.2

GAS WELL			
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure	Casing Pressure	Choke Size

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.

Paul J. White
(Signature)
Division Engineer
(Title)
April 17, 1967
(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19____

BY _____

TITLE _____

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.