

NEW MEXICO OIL CONSERVATION COMMISS.
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

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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRORATION OFFICE	

I. Operator
Gulf Oil Corporation

Address
Box 670, Hobbs, New Mexico 88240

Reason(s) for filing (Check proper box)

New Well	<input type="checkbox"/>	Change in Transporter of:		Other (Please explain)
Recompletion	<input checked="" type="checkbox"/>	Oil	<input type="checkbox"/>	Abandoned Paddock and recompleted in Penrose Skelly
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>	
		Dry Gas	<input type="checkbox"/>	
		Condensate	<input type="checkbox"/>	

If change of ownership give name
and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name W. A. Ramsey (NCT-B)	Well No. 4	Pool Name, Including Formation Penrose Skelly	Kind of Lease State, Federal or Fee State	Lease No. B-1732
Location				
Unit Letter H	1650	Feet From The North	Line and 330	Feet From The East
Line of Section 25	Township 21-S	Range 36-E	, 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"/>	Address (Give address to which approved copy of this form is to be sent)			
Shell Pipe Line Corporation	Box 1910, Midland, Texas			
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)			
Warren Petroleum Corporation	Box 1589, Tulsa, Oklahoma			
If well produces oil or liquids, give location of tanks.	Unit H	Sec. 19	Twp. 21S	Rge. 37E
			Is gas actually connected? Yes	When Unknown

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 Spudded 1-14-66	Date Compl. Ready to Prod. 2-14-69	Total Depth 5225'	P.B.T.D. 5086'					
Elevations (DF, RKB, RT, GR, etc.) 3511' GL	Name of Producing Formation Grayburg	Top Oil <input checked="" type="checkbox"/> Pay 3718'	Tubing Depth 3791'					
Perforations 3787-89', 3760-62' and 3718-20'			Depth Casing Shoe 5224'					
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12-1/4"	8-5/8"		1310'		575 sacks (Circulated)			
6-3/4"	4-1/2"		5224'		445 sacks (TOS at 1960')			
	2-3/8"		3791'					

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 3-18-69	Date of Test 3-24-69	Producing Method (Flow, pump, gas lift, etc.) Flow	
Length of Test 17 hours	Tubing Pressure 210	Casing Pressure 150	Choke Size 25/64"
Actual Prod. During Test 93	Oil - Bbls. 72	Water - Bbls. 21 (Load water)	Gas - MCF --

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	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.

ORIGINAL SIGNED BY
C. D. BORLAND

(Signature)

Area Production Manager

(Title)

March 24, 1969

(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 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 multiply completed wells.

