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U.S.G.S.	
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

I. Operator  
**Gulf Oil Corporation**  
Address  
**Box 670, Hobbs, New Mexico**  
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)  
**New well**

If change of ownership give name  
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE  
Lease Name **North Wilson Deep Unit** Well No. **3** Pool Name, including Formation **Osudo Morrow Gas** Kind of Lease **R-3145** State, Federal or Fee **State** Lease No. **B-8268**  
Location  
Unit Letter **I** ; **3224** Feet From The **North** Line and **660** Feet From The **East**  
Line of Section **6** Township **21-S** Range **35-E** , NMPM, **Lea** County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS  
Name of Authorized Transporter of Oil ☐ or Condensate ☒  
**The McWood Corporation** Address (Give address to which approved copy of this form is to be sent)  
**330 Pet. Bldg., Abilene, Texas**  
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☒  
**Warren Pet. Corporation** Address (Give address to which approved copy of this form is to be sent)  
**Box 1589, Tulsa, Oklahoma**  
**Phillips Pet. Co. - Lea** Address (Give address to which approved copy of this form is to be sent)  
**Phillips Bldg., Odessa, Texas**  
If well produces oil or liquids, give location of tanks. Unit **I** Sec. **6** Twp. **21-S** Rge. **35-E** Is gas actually commingled? **No Yes** **12-12-66**

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. ☐  
Date Spudded **6-1-66** Date Compl. Ready to Prod. **9-8-66** Total Depth **11,658'** P.B.T.D. **XXXXXX 11,525'**  
Elevations (DF, RKB, RT, GR, etc.) **3649' GL** Name of Producing Formation **Morrow** Top Gas Pay **XXXXXX 11,266'** Tubing Depth **11,225'**  
Perforations **11,266-70', 11,334-44', 11,414-24', 11,466-77' & 11,488-11,510'** Depth Casing Shoe **11,596'**  
TUBING, CASING, AND CEMENTING RECORD  
HOLE SIZE CASING & TUBING SIZE DEPTH SET SACKS CEMENT  
**14-3/4"** **11-3/4"** **377'** **300 sz (Circulated)**  
**10-5/8"** **9-5/8"** **3860'** **6450 sz (Circulated)**  
**8-3/4"** **7-5/8"** **5401'** **200 sz (TOC at 3950')**  
**6-3/4"** **4-1/2"** **11,596'** **255 sz (TOC at 9610')**

V. TEST DATA AND REQUEST FOR ALLOWABLE (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)  
OIL WELL **2-3/8" tubing set at 11,225'**  
Date First New Oil Run To Tanks **9-8-66** Date of Test **9-8-66** Producing Method (Flow, pump, gas lift, etc.) **Flow**  
Length of Test **20 hours** Tubing Pressure (shut-in) **4700#** Casing Pressure (shut-in) **--** Choke Size **16/64"**  
Actual Prod. During Test **1692** Oil - Bbls. **136** Water - Bbls. **50.4 corrected** Gas - MCF **16/64"**

GAS WELL  
Actual Prod. Test-MCF/D **1692** Length of Test **20 hours** Bbls. Condensate/MMCF **136** Gravity of Condensate **50.4 corrected**  
Testing Method (pitot, back pr.) **Orifice Meter** Tubing Pressure (shut-in) **4700#** Casing Pressure (shut-in) **--** Choke Size **16/64"**

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.  
**ORIGINAL SIGNED BY**  
**L. A. TURNER**  
(Signature)  
**Area Petroleum Engineer**  
(Title)  
**September 13, 1966**  
(Date)  
OIL CONSERVATION COMMISSION  
APPROVED **19**  
BY **[Signature]**  
TITLE **[Signature]**  
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.