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|    | DISTRIBUTION<br>SANTA FE   | NEW MEXICO OIL CONSERVATION COMMISSION   |  | Form C-104   |  |  |
|    | FILE   | REQUEST FOR ALLOWABLE  |  |  | Supersedes O<br>Effective 1-1-   | ld C-104 and C-1<br>65                             |
|    | U.S.G.S.   | AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS   |  |  | _  | •  |
|    | LAND OFFICE  |  |  |  |  |  |
| ı. | TRANSPORTER  |  |  | U 23 111 26  | i f  |  |
|    | GAS  |  |  |  | U  |  |
|    | OPERATOR   |  |  |  |  |  |
|    | PRORATION OFFICE Operator  | <u> </u>   | <del> </del>   | <u>.</u> .   |  |  |
|    | Gulf Oil Corporatio  | n .  |  |  |  |  |
|    | Box 670, Hobbs, New Reason(s) for filing (Check proper box,  | Mexi eo  |  |  |  |  |
| -  | · —  |  | Other (Please  | explain)   |  |  |
|    | New Well Recompletion  | Change in Transporter of: Request for addition   |  |  |  |  |
|    | Change in Ownership  | Oil Dry Gas Condensate tes   |  |  |  | or the   |
|    |  | Cusinghed Gus Conde  | month of   | September,   | 1966   |  |
|    | If change of ownership give name and address of previous owner   |  |  |  |  |  |
| •  | DESCRIPTION OF WELL AND Lease Name   | LEASE Well No. Pool Name, Including F  | Cormation  | Kind of Lease  | <del></del>  | Lease No   |
|    | North Wilson Deep Unit   | 3 Osudo Morre  | Dia .  | State, Federal cr  | Fee State  | B-8268   |
|    | Unit Letter I ; 3224   | W43  | 115  |  |  |  |
|    | 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2  | Feet From The <b>North</b> Li  | ne and <u>660</u>  | Feet From The  | East   |  |
|    |  |  |  | _  | <u>Rast</u>  |  |
|    |  |  | 35-E , NMPM,   | _  | East   | County   |
|    | Line of Section 6 Tov  | wnship <b>21-8</b> Range   | 35-B , NMPM,   | _  | East   | County   |
| •  | Line of Section 6 Tov  DESIGNATION OF TRANSPORT  Name of Authorized Transporter of Oil   | VINShip 21-8 Range  TER OF OIL AND NATURAL GA  or Condensate   | AS Address (Give address t   | Let  | copy of this form is   | to be sent)  |
|    | Line of Section 6 Town  DESIGNATION OF TRANSPORT  Name of Authorized Transporter of Oil  The MeWood Corporation  | TER OF OIL AND NATURAL G   | AS Address (Give address t   | Let  | copy of this form is   | to be sent)  |
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| •  | Line of Section 6 Tov  DESIGNATION OF TRANSPORT  Name of Authorized Transporter of Oil  The MeWood Corporation  Name of Authorized Transporter of Cas  None  If well produces oil or liquids,  | rer of OIL AND NATURAL Grand or Condensate singhead Gas or Dry Gas Unit Sec. Twp. Rge.   | Address (Give address to Address (Give address to Address (Give address to Ad | o which approved  Brilding, o which approved  ad? When   | copy of this form is  Ahilene Res  copy of this form is  | to be sent)  to be sent)                           |
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VI. CERTIFICATE OF COMPLIANCE

September 9, 1966

Testing Method (pitot, back pr.)

Actual Prod. Test-MCF/D

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.

Length of Test

Tubing Pressure (Shut-in)

FRICINAL SIGN D BY L. A. TUR J.R. Signature, Area Petroleum Engineer (Title)

(Date)

APPROVED. TITLE

OIL CONSERVATION COMMISSION

Gravity of Condensate

Choke Size

Bbls. Condensate/MMCF

Casing Pressure (Shut-in)

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.