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

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-101 and C-1
Effective 1-1-65

Operator Gulf Oil Corporation	
Address P. O. Box 670, Hobbs, NM 88240	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well ☐	Change In Transporter of: ☐
Recompletion ☐	Oil ☐ Dry Gas ☐
Change In Ownership ☐	Casinghead Gas ☐ Condensate ☒

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

I. DESCRIPTION OF WELL AND LEASE				
Lease Name S. E. Felton	Well No. 2	Pool Name, including Formation Eumont	Kind of Lease State, Federal or Fee	Lease No. Fee
Location				
Unit Letter 0	800	Feet From The South	Line and 1980	Feet From The East
Line of Section 28	Township 21-S	Range 36-E	NMPM,	Lea County

II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS						
Name of Authorized Transporter of Oil ☐ or Condensate ☒ **Gulf Oil Corporation to be used for drilling on Sand Well Com #1 -	Address (Give address to which approved copy of this form is to be sent) P. O. Box 670, Hobbs, NM 88240					
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☐ Northern Natural Gas Co.	Address (Give address to which approved copy of this form is to be sent) Box 308 Omaha, Nebraska 68101					
If well produces oil or liquids, give location of tanks.	Unit 0	Sec. 28	Tap. 21-S	Rge. 36-E	Is gas actually connected? yes	When 8-8-77

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

III. COMPLETION DATA								
Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Secure Restv.	Full Restv.
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
Elevations (DB, R&B, RT, CR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
Perforations					Depth Casing Shoe			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			

IV. 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	Testing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil+Gels.	Water+Gels.	Gas+MGP

GAS WELL			
Actual Prod. Test+MGP/G	Length of Test	Date. Condensate/MGP	Gravity of Condensate
Testing Method (flow, back pr.)	Testing Pressure (lb./sq.-in.)	Casing Pressure (lb./sq.-in.)	Choke Size

V. CERTIFICATE OF COMPLIANCE		OIL CONSERVATION COMMISSION	
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.		APPROVED _____, 19____	
N. P. Sikes Jr. (Signature) Area Engineer (Title) 10-12-77 (Date)		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.	