	DISTRIBUTION			Form C-104	. '
	SANTA FE	REQUEST F	OR ALLOWABLE	Supersedes Old C-106 and C- Effective 1-1-65	110
Ļ	FILE	AUTOORATION TO TRA	AND	CAS	
U.S.G.S. AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS				GAS	
i	I SANSPORTER GAS GAS				
OPERATOR					
I. PRORATION OFFICE Operator Gulf Oil Corporation Address Box 670, Hobbs, New Mexico 88240 Other (Please explain)					٦
					-
	Reason(s) for filing (Check proper box) Other (Please explain) New Weil Change in Transporter of:				
	Recompletion	Oil Dry Gas	Abandoned Lang	lie Mattix & recompleted	
	Change in Ownership	Casinghead Gas Conden	sate 🗌 in Jalmat oil.		
I	If change of ownership give name				
	if change of ownership give name and address of previous owner				_
II. DESCRIPTION OF WELL AND LEASE					
11.	Lease Name	Well No. Pool Name, Including Fo			*
	J. F. Janda (NCT-J)	3 Jalmat	State, Fed	eral or Fee State B-229	
	Location Fast				
	Unit Letter 0 ; 660 Feet From The South Line and 1750 Feet From The East				
	Line of Section 4 Tow	nship 23-S Bange	36-Е , ММРМ,	Lea County	
III.	DESIGNATION OF TRANSPORT	ER OF OIL AND NATURAL GA	S Address (Give address to which ap	proved copy of this form is to be sent)	
	Name of Authorized Transporter of Oil		Rev 1510 Midland	Тасже 79701	
	Texas-New Mexico Pipe Name of Authorized Transporter of Cas	Inghad Gas y or Dry Gas	Address (Give address to which ap	proved copy of this form is to be sent)	
	Phillips Petroleum Co		Phillips Bldg., Ode		
If well produces oil or liquids,					- ·
	give location of tanks.	P 4 23-S 36-E	Yes	Unknown R-663	
	If this production is commingled wit	h that from any other lease or pool,	give commingling order number:		
IV.	COMPLETION DATA	Oil Well Gas Well	New Well Workover Deepen		.v.
	Designate Type of Completio		Total Depth	P.B.T.D.	-
	Date Spinion Recompleted	Date Compl. Ready to Prod.	3800'	3508'	
	8-17-73 Elevations (DF, RKB, RT, GR, etc.)	8-17-73 Name of Producing Formation	Top Oil/Gog Pay	Tubing Depth	
	3500'	Yates	3224 '	3208'	
	Perforations			Depth Casing Shoe 3800'	
	3222' to 3401'	TURING CASING AN	CEMENTING RECORD		
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
	12-1/4"	8-5/8"	399'	325 sacks (Circulate	
	7-7/8"	5-1/2"		117 <u>9 sacks (Circulate</u>	कम्
		2-3/8"	3208']
		DE ATTOWARTE (Test must be a	ifter recovery of total volume of load	oil and must be equal to or exceed top al	low-
V.	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 Producing Method (Flow, pump, gas lift, etc.)				
	Date First New Oil Run To Tanks	Date of Test		18 tiji, eicij	
•	8-17-73	8-17-73 Tubing Pressure	Flow Casing Presswe	Choke Size	-
	Length of Test			20/64"	
	24 hours Actual Prod. During Test	Oil-Bble.	Water - Bble.	Gas-MCF	
	1	1	10	55.0	<u> </u>
	·	, ,			
	GAS WELL Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate	
	Actual Prod. 1681-MCF/D				
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size	
				RVATION COMMISSION	
VI	CERTIFICATE OF COMPLIAN	CE	OIL CONSER		
	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	AUG 29 1973	
			all there are		
			BYSUPER	VISON DISTRICT I	
			TITLE		
	21 Breaseale		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 well, this form must be accompanied by a tabulation of the deviation		
		ature)	well, this form must be accordance with RULE 111. tests taken on the well in accordance with RULE 111. All sections of this form must be filled out completely for allow-		
(Title)			i able on new and recomplete	KG Weller	
I and VI for change				T TT TTT and UT for changes of OV	ition.
	(D	ate)	Fill out only Sections I. II. III, and via the change of condition. 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.		
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