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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. **Gulf Oil Corporation**
Box 670, Hobbs, New Mexico
Reason(s) for filing (check proper box) ☐ Other (Please explain) **To change lease name and well number effective 6-1-65 was R. W. Brunson #2**
☐ New Well ☐ Change in Transporter of ☐ Oil ☐ Dry Gas ☐ ☐ Existing Production ☐ Casinghead Gas ☐ Condensate ☐
If change of ownership give name and address of previous owner **Sinclair Oil & Gas Co., 520 E. Broadway, Hobbs, N.M.**

II. DESCRIPTION OF WELL AND LEASE
Lease Name **South Penrose Skelly Unit** Well No. **3** Pool Name, including Formation **Penrose Skelly - (Grayburg)** Kind of Lease **Fee**
Location **L 1980** Feet From The **south** Line and **660** Feet From The **west**
Line of Section **3** Township **22S** Range **37E** County **Lea**

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS
Name of Authorized Transporter of Oil ☒ or Condensate ☐ Address (Give address to which approved copy of this form is to be sent) **Box 1410, Midland, Texas**
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☐ Address (Give address to which approved copy of this form is to be sent) **Box 1589, Tulsa, Oklahoma**
It will produce oil or liquids, gas or both ☒ L **3** **22S** **37E** **Yes** **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 Restv. ☐ Diff. Restv.
Date Compl. Ready to Prod. **5-13-65** Total Depth **5210**
Name of Producing Formation **Grayburg** Top Oil/Gas Pay **5210** Taking Depth **5210**
Depth Casing Shoe **5210**
TUBING, CASING, AND CEMENTING RECORD
HOLE SIZE **8 1/2** CASING & TUBING SIZE **7 1/8** DEPTH SET **5210** SACKS CEMENT **100**

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 Flow To Tanks **5-13-65** Date of Test **5-13-65** Producing Method (Flow, pump, gas lift, etc.) **Flow**
Depth of Test **5210** Taking Pressure **2000** Casing Pressure **1500** Choke Size **1/2**
Actual Per For 24 Hours Test **1000** Oil-Bbls. **1000** Water-Bbls. **0** Gas-MCF **0**
GAS WELL
Actual Per For 24 Hours Test **0** Length of Test **2** Bbls. Condensate-MCF **0** Gravity of Condensate **50**
Producing Method (pilot, back pr.) **Back pr.** Taking Pressure **1500** Casing Pressure **1500** Choke Size **1/2**

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.
Area Production Manager
May 13, 1965
OIL CONSERVATION COMMISSION
APPROVED **May 27**, 19 **65**
BY **Supervisor, District #1**
TITLE **Supervisor, District #1**
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 Sections I, II, III, and VI only 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 multiphase completed wells.