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U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRODUCTION 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
Effective 1-1-65

I.

Operator Gulf Oil Corporation		
Address P. O. Box 670, Hobbs, N.M. 88240		
Reason(s) for filing (Check proper box)		Other (Please explain)
New Well ☐	Change in Transporter of: Oil ☐ Dry Gas ☐	Change in ownership effective 10-1-78 Formerly Paddock (San Angelo) Unit Well No. 16
Recompletion ☐	Casinghead Gas ☐ Condensate ☐	
Change in Ownership ☒		

If change of ownership give name and address of previous owner: Exxon Company, U.S.A., P. O. Box 1600, Midland, Texas 79701

II. DESCRIPTION OF WELL AND LEASE

Lease Name Mark	Well No. 4	Pool Name, Including Formation Paddock	Kind of Lease State, Federal or Fee	Fee	Lease
Location Unit Letter H ; 1980 Feet From The north Line and 660 Feet From The east Line of Section 3 Township 22S Range 37E , NMPM, Lea Coun					

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)	
Well is closed in		
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☐	Address (Give address to which approved copy of this form is to be sent)	
If well produces oil or liquids, give location of tanks.	Unit	Sec.
	Twp.	Rge.
	Is gas actually connected? When	

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. Re
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
Elevations (DF, RKB, RT, GR, 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			

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 oil able 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	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MCF	Gravity of Condensate
Testing Rate (flow, pump, etc.)	Tubing Pressure (psia-in)	Casing Pressure (psia-in)	Choke Size

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.

M. P. Sikes, Jr.
(Signature)

Area Engineer

9-22-78

(Date)

OIL CONSERVATION COMMISSION

APPROVED SEP 22 1978, 19

BY Jerry Deaton
DM L. Sev.

TITLE

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deeper well, this form must be accompanied by a tabulation of the device tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for all able on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of ow, well name or number, or transporter, or other such change of condit

Separate Forms C-104 must be filed for each pool in multi-completed wells.

Operator Gulf Oil Corporation			Lease Mark			Well No. 4	
Location of Well	Unit H	Sec 3	Twp 22-S		Rge 37-E	County Lea	
Name of Reservoir or Pool			Type of Prod (Oil or Gas)	Method of Prod Flow, Art Lift	Prod. Medium (Tbg or Csg)	Choke Size	
Upper Compl	Penrose Skelly		Oil	Flow	Tbg	2"wo	
Lower Compl	Paddock Oil		Oil	Standing	Tbg	-	

FLOW TEST NO. 1

Both zones shut-in at (hour, date): 9:45 AM 7-10-78

Well opened at (hour, date): 9:45 AM 7-11-78

	Upper Completion	Lower Completion
Indicate by (X) the zone producing.....	X	
Pressure at beginning of test.....	30	170
Stabilized? (Yes or No).....	Yes	Yes
Maximum pressure during test.....	30	176
Minimum pressure during test.....	20	170
Pressure at conclusion of test.....	20	176
Pressure change during test (Maximum minus Minimum).....	-10	+ 6
Was pressure change an increase or a decrease?.....	Decr	Incr

Well closed at (hour, date): 9:45 AM 7-12-78

Oil Production _____ Gas Production _____

During Test: 5 bbls; Grav. 33.1 ; During Test 32.0 MCF; GOR 6400

Remarks _____

FLOW TEST NO. 2

Well opened at (hour, date): 9:45 AM 7-13-78

	Upper Completion	Lower Completion
Indicate by (X) the zone producing.....		
Pressure at beginning of test.....	20	232
Stabilized? (Yes or No).....		
Maximum pressure during test.....		
Minimum pressure during test.....		
Pressure at conclusion of test.....		
Pressure change during test (Maximum minus Minimum).....		
Was pressure change an increase or a decrease?.....		

Well closed at (hour, date): _____

Oil Production _____ Gas Production _____

During Test: _____ bbls; Grav. _____ ; During Test _____ MCF; GOR _____

Remarks Paddock Oil - Standing

I hereby certify that the information herein contained is true and complete to the best of my knowledge.

Approved _____ 19
New Mexico Oil Conservation Commission

Operator Gulf Oil Corporation

By _____

By _____
Title _____

Title Well Tester

Date July 19, 1978



