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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

JUL 13 4 33 PM '65

I. OPERATOR

Gulf Oil Corporation

Address
P. O. Box 670, Hobbs, New Mexico

Reason(s) for filing (Check proper box)

New Well	<input type="checkbox"/>	Change in Transporter of:		Other (Please explain)
Improving Section	<input type="checkbox"/>	Oil	<input type="checkbox"/>	To change well number - formerly South
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>	Purrose Skelly Unit 4 Well No. 80
		Dry Gas	<input type="checkbox"/>	
		Condensate	<input type="checkbox"/>	

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name South Purrose Skelly Unit	Well No. 119	Pool Name, including Proration Purrose Skelly - Grayburg	Kind of Lease State, Federal or Fee Fee
Location			
Unit Letter H	2310	Feet From The north	Line and 660
Feet From The east			
Line of Section 4	Township 22S	Range 37E	NMPM, Lee
County			

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Shell Pipeline Corporation	Address (Give address to which approved copy of this form is to be sent) Box 1910, Midland, Texas		
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Skelly Oil Company	Address (Give address to which approved copy of this form is to be sent) Box 1135, Elmore, New Mexico		
If well produces oil or liquids, give location of tanks.	Unit H	Sec. 4	Twp. 22S
		Rge. 37E	Is gas actually connected? Yes
			When Unknown

If this production is commingled with that from any other lease or pool, give commingling order number
EFFECTIVE JANUARY 31, 1977, SKELLY OIL COMPANY MERGED INTO PETTY OIL COMPANY

IV. COMPLETION DATA

Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Refracture	Other	Res'ty.
Date Spudded	Date Compl. Ready to Prod.	Total Depth		P.B.T.D.					
Pool	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 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	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbl's.	Water-Bbl's.	Gas-MCF

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbl's. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure	Casing Pressure	Choke Size

VI. CERTIFICATE OF COMPLIANCE

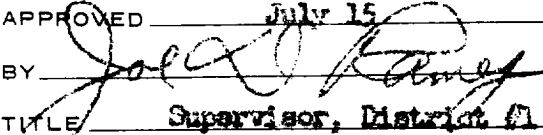
I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.



Area Production Manager
(Title)

July 13, 1965
(Date)

OIL CONSERVATION COMMISSION

APPROVED **July 15**, 1965
BY 
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 multiply completed wells.