

DISTRICT OFFICE
SANTA FE
FILE
O.B.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 C-11
Effective 1-1-64

Gulf Oil Corp
Address
P.O. Box 670 Hobbs NM 88240
Reason(s) for filing (Check proper box)
New Well ☐ Change in Transporter oil ☐
Recompletion ☐ Oil ☐ Dry Gas ☐
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐
Other (Please explain)
Gas Connected

change of ownership give name
and address of previous owner

DESCRIPTION OF WELL AND LEASE
Lease Name
Lee Stebbins (WCT-B)
Well No.
3
Pool Name, including Formation
Blindbury
Kind of Lease
State, Federal or Fee Fee
Lease No.
Unit Letter
A
Feet From The North Line and 460 Feet From The East
Line of Section 5 Township 22S Range 37E N.M.P.M. Lea County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS
Name of Authorized Transporter of Oil ☒ or Condensate ☐
Shell Pipeline Corp.
Address (Give address to which approved copy of this form is to be sent)
Box 1910 Midland TX 79701
Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐
Warren Petroleum
Address (Give address to which approved copy of this form is to be sent)
Box 1589 Tulsa OK 74100
If well produces oil or liquids, give location of tanks.
Unit E Soc. 5 Twp. 22S Rge. 37E
Is gas actually connected? Yes When 4-24-85

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

COMPLETION DATA
Designate Type of Completion - (X)
Oil Well ☐ Gas Well ☐ New Well ☐ Workover ☐ Deepen ☐ Plug Back ☐ Same Test, Diff. Test, ☐
Date Spudded Date Compl. Ready to Prod. Total Depth P.O.T.D.
Elevations (DF, RKB, RT, CR, etc.) Name of Producing Formation Top Oil/Gas Pay Testing Depth
Perforations Depth Casing Shoe

TUBING, CASING, AND CEMENTING RECORD
HOLE SIZE CASING & TUBING SIZE DEPTH SET SACKS CEMENT

TEST DATA AND REQUEST FOR ALLOWABLE H. 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)

Note 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-Bble. Water-Bble. Gas-MCF

GAS WELL
Actual Prod. Test-MCF/D Length of Test Bble. Condensate/MMCF Gravity of Condensate
Casing Method (pilot, back pr.) Tubing Pressure (shut-in) Casing Pressure (shut-in) Choke Size

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.
R.D. Pate
(Signature)
AREA ENGINEER
(Title)
5-7-85
(Date)

OIL CONSERVATION COMMISSION
MAY 10 1985
APPROVED
BY ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT 1 SUPERVISOR
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.

RECEIVED

MAY 9 1985

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HOBBS