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LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
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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. **Operator**
Gulf Oil Corporation
Address
Box 670, Hobbs, New Mexico
Reason(s) for filing (Check proper box)
New Well ☐ Change in Transporter of:
Recompletion ☐ Oil ☐ Dry Gas ☐
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐
Other (Please explain)
To change lease name and well number effective 6-1-65
Was Gulf's Lee Stebbins (NCT-A) #2

If change of ownership give name and address of previous owner

II. **DESCRIPTION OF WELL AND LEASE** **Well is T/A**
Lease Name **South Penrose Skelly Unit 5** **Well No.** **50** **Pool Name, including Formation** **Penrose Skelly - Grayburg** **Kind of Lease** **Fee**
Location
Unit Letter **E** **1980** **Feet From The** **North** **Line and** **660** **Feet From The** **West**
Line of Section **5** **Township** **22-S** **Range** **37-E** **NMPM,** **Lee** **County**

III. **DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS**
Name of Authorized Transporter of Oil **Shell Pipeline Corporation** **or Condensate** ☐
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 **Warren Petroleum Corporation** **or Dry Gas** ☐
Address (Give address to which approved copy of this form is to be sent) **Box 1569, Tulsa, Oklahoma**
If well produces oil or liquids, give location of tanks. **Unit** **F** **Sec.** **5** **Twp.** **22S** **Rge.** **37E** **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. Res'v.**
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-Bbls.** **Water-Bbls.** **Gas-MCF**

GAS WELL
Actual Prod. Test-MCF/D **Length of Test** **Bbls. 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
May 18, 1965
OIL CONSERVATION COMMISSION
APPROVED **May 27** **1965**
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 multiply completed wells.