

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 15 11 17 AM '65

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LAND OFFICE	
TRANSPORTER	OIL GAS
OPERATOR	
PRORATION OFFICE	

I. **Operator**
Gulf Oil Corporation

Address
Box 670, Hobbs, New Mexico

Reasons for filling (Check proper box)

New Well	<input type="checkbox"/>	Change in Transporter of:		Other (Please explain) To change well number - formerly South Penrose Shelly Unit 6 Well No 90		
Recompletion	<input type="checkbox"/>	Oil	<input type="checkbox"/>		Dry Gas	<input type="checkbox"/>
Change in ownership	<input type="checkbox"/>	Casinghead 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 Penrose Shelly Unit	Well No. 129	Pool Name, including Formation Penrose Shelly - Grayburg	Kind of Lease State, Federal or Fee FEDERAL
Location Section I , Township 1980 Feet From The south Line and 660 Feet From The east Line of Section 6 , 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"/> Shelly Oil Company	Address (Give address to which approved copy of this form is to be sent) Box 1135, Burleso, New Mexico
If well produces oil or liquids, give location of tanks. Unit J Sec. 6 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 GETTY OIL COMPANY**

IV. COMPLETION DATA

Designate Type of Completion - (X)	<input type="checkbox"/> Oil Well	<input type="checkbox"/> Gas Well	<input type="checkbox"/> New Well	<input type="checkbox"/> Workover	<input type="checkbox"/> Deepen	<input type="checkbox"/> Plug and Abandon
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.


(Signature)

Area Production Manager
(Title)

July 13, 1965
(Date)

OIL CONSERVATION COMMISSION

APPROVED July 15, 19 65
BY Gal 20
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.