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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

I. **Operator**  
Gulf Oil Corporation

**Address**  
Box 670, Hobbs, New Mexico

**Reason(s) for filing (Check proper box)**

New Well	<input type="checkbox"/>	Change in Transporter of:		Other (Please explain)
Recompletion	<input type="checkbox"/>	Oil	<input type="checkbox"/>	To change lease name and well number
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>	effective 6-1-65.
		Dry Gas	<input type="checkbox"/>	Was Falby Federal "A" #4
		Condensate	<input type="checkbox"/>	

If change of ownership give name and address of previous owner: **Texaco, Inc., Box 728, Hobbs, N.M.**

II. **DESCRIPTION OF WELL AND LEASE**

Lease Name	South Penrose Skelly Unit 8	Well No.	50	Pool Name, Including Formation	Penrose Skelly - Grayburg	Kind of Lease	Federal	
State, Federal or Fee								
Location								
Unit Letter	E	1980	Feet From The	north	Line and	660	Feet From The	west
Line of Section	8	Township	22S	Range	37E	NMPM,	Lea	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, Muncie, New Mexico					
If well produces oil or liquids, give location of tanks.	Unit E	Sec. 8	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:

IV. **COMPLETION DATA**

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'tv.	Diff. Res'tv.
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** (Signature)  
May 13, 1965 (Date)

**OIL CONSERVATION COMMISSION**

APPROVED May 27, 1965  
BY Supervisor, District #1  
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 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.