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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

Operator Gulf Oil Corporation	
Address Box 670, Hobbs, New Mexico 88240	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/>
	Dry Gas <input type="checkbox"/>
	Condensate <input type="checkbox"/>
Abandoned Drinkard zone and recompleted in Eunice San Andres South.	

If change of ownership give name and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name Rollon Brunson	Well No. 6	Pool Name, including Formation Eunice San Andres South	Kind of Lease State, Federal or Fee Fee	Lease No.
Location				
Unit Letter B ; 536 Feet From The North Line and 2104 Feet From The East				
Line of Section 10 Township 22-S Range 37-E , NMPM, Lea County				

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
The Permian Corporation	Box 3119, Midland, Texas 79701	
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
None - Gas is vented, waiting on tank battery construction		
If well produces oil or liquids, give location of tanks.	Unit B	Sec. 10
	Twp. 22-S	Rge. 37-E
	Is gas actually connected? No	
	When	

If 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 <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input type="checkbox"/>	Workover <input checked="" type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input checked="" type="checkbox"/>	Same Res ^h v. <input type="checkbox"/>	Diff. Res ^h v. <input checked="" type="checkbox"/>
Date Recompleted 8-10-72	Date Compl. Ready to Prod. 8-10-72		Total Depth 6537'		P.B.T.D. 6340'			
Elevations (DF, RKB, RT, GR, etc.) 3392' GL	Name of Producing Formation San Andres		Top Oil/Gas Pay 4168'		Tubing Depth 4242'			
Perforations 4168-72' and 4236-40'					Depth Casing Shoe 6430'			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17-1/2"	13-3/8"		293'		300 sacks (Circulated)			
11"	9-5/8"		2800'		1300 sacks (TOC at 1625')			
8-3/4"	7"		6430'		700 sacks (TOC at 2750')			
	2-3/8"		4242'					

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 8-10-72	Date of Test 8-22-72	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 hours	Tubing Pressure --	Casing Pressure --	Choke Size 2"
Actual Prod. During Test 95 barrels	Oil - Bbls. 33	Water - Bbls. 62 (Load Water)	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 (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.

L. J. Kalltger
(Signature)

Area Engineer

(Title)

August 23, 1972

(Date)

OIL CONSERVATION COMMISSION

APPROVED

AUG 25 1972

BY

TITLE

SUPERVISOR DISTRICT I

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.

Separate Forms C-104 must be filed for each pool in multiply

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