

OIL CONSERVATION DIVISION  
P. O. BOX 2088  
SANTA FE, NEW MEXICO 87501Form C-104  
Revised 10-1-78

NO. OF COPIES REQUIRED	
DISTRIBUTION	
SANITARY	
FILE	
U.S.G.	
LAND OFFICE	
TRANSPORTER	
OPERATION	
PRODUCTION OFFICE	
OPERATOR	

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Gulf Oil Corporation

Address

P. O. Box 670, Hobbs, NM 88240

Reason(s) for filing (Check proper box)

New Well ☐Recompletion ☐Change in Ownership ☐

Change in Transporter of:

Oil ☐Casinghead Gas ☐Dry Gas ☐Condensate ☐

Other (Please explain)

Recomplete in Blinebry, Dual Tubb  
& Blinebry (Tubb Closed In)If change of ownership give name  
and address of previous owner**CASINGHEAD GAS MUST NOT BE  
FLARED AFTER 8/19/83  
UNLESS AN EXCEPTION TO R-4070  
IS OBTAINED.**

## DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease Fee
Vivian	1	Blinebry	State, Federal or Fee	Fee
Location				
Unit Letter	C	660 Feet From The	North Line and	1980 Feet From The
Line of Section	30	Township	22S	Range
			38E	N.M.P.M.
				Lea
				Count

## 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)	
Texas New Mexico Pipeline Co.	Box 1510, Midland, TX 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)	
Warren Petroleum	Box 1589, Tulsa, OK 74100	
If well produces oil or liquids, give location of tanks.	Unit	Sec.
	C	30
		Twp.
		22S
		Rge.
		38E
	Is gas actually connected? when	
	No	

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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res.
Date <del>XXXXXX</del>	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
5-30-83	6-19-83		6508'		6225'			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
3348' GL	Blinebry		5482'		5800'			
Perforations			Depth Casing Shoe					
5482'-5777'			--					

## TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
No New Casing			

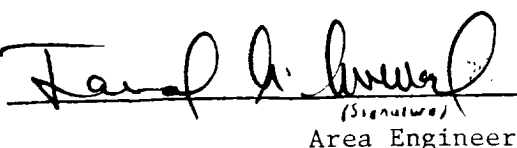
TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed top oil  
OIL WELL. able for this depth or be for full 24 hours)

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
6-19-83	6-20-83	Flow	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24 hrs	135#	0#	32/64"
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF
246	118	128	148

## GAS WELL.

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MCF	Gravity of Condensate
Testing 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  
Division have been complied with and that the information given  
above is true and complete to the best of my knowledge and belief.  
(Signature)  
Area Engineer

(Date)

6-23-83

(Date)

## OIL CONSERVATION DIVISION

APPROVED \_\_\_\_\_, 19\_\_\_\_

BY \_\_\_\_\_  
DISTRICT 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 deep-  
well, this form must be accompanied by a tabulation of the device  
tests taken on the well in accordance with RULE 111.All sections of this form must be filled out completely for all  
able on new and recompleted wells.Fill out only Sections I, II, III, and VI for changes of ow-  
well name or number, or transporter, or other such change of condi-  
tion.Separate Forms C-104 must be filed for each pool in multi-  
complected wells.