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NEW MEXICO OIL CONSERVATION COMMISSION  
REQUEST FOR ALLOWABLE  
AND 110335 OFFICE O.C.C.  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS  
JUN 16 3 40 PM '67

Form C-104  
Supersedes Old C-104 and C-110  
Effective 1-1-65

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

If change of ownership give name and address of previous owner \_\_\_\_\_

Lease Name <b>Scarborough Estate</b>	Well No. <b>3</b>	Pool Name, Including Formation <b>Blinebry</b>	Kind of Lease State, Federal or Fee <b>Fee</b>	Lease No.
Location: Unit Letter <b>I</b> ; <b>1980</b> Feet From The <b>South</b> Line and <b>660</b> Feet From The <b>East</b> Line of Section <b>31</b> Township <b>22-S</b> Range <b>38-E</b> , NMPM, <b>Lea</b> County				

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> <b>Texas-New Mexico Pipeline Company</b>	Address (Give address to which approved copy of this form is to be sent) <b>Box 1510, Midland, Texas</b>					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> <b>Warren Petroleum Corporation</b>	Address (Give address to which approved copy of this form is to be sent) <b>Box 1589, Tulsa, Oklahoma</b>					
If well produces oil or liquids, give location of tanks.	Unit <b>G</b>	Sec. <b>31</b>	Twp. <b>22-S</b>	Rge. <b>38-E</b>	Is gas actually connected? <b>Yes</b>	When <b>June 13, 1967</b>

If this production is commingled with that from any other lease or pool, give commingling order number: **PC-132**

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well	New Well	Workover	Deepen	Plug Back <input checked="" type="checkbox"/>	Same Res'v.	Diff. Res'v. <input checked="" type="checkbox"/>
Date <del>new</del> Plugged back <b>3-22-67</b>	Date Compl. Ready to Prod. <b>4-2-67 (Recompleted)</b>		Total Depth <b>7608'</b>		P.B.T.D. <b>5788'</b>			
Elevations (DF, RKB, RT, GR, etc.) <b>3352' OL</b>	Name of Producing Formation <b>Blinebry</b>		Top Oil/ <del>gas</del> Pay <b>5715'</b>		Tubing Depth <b>2-3/8" set at 5759'.</b>			
Perforations <b>5715', 5732' &amp; 5750'</b>					Depth Casing Shoe <b>7608'</b>			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
<b>17-1/2"</b>	<b>13-3/8"</b>		<b>279'</b>		<b>325 sacks (Circulated)</b>			
<b>12-1/4"</b>	<b>9-5/8"</b>		<b>3099'</b>		<b>1080 sacks (TOC at 530')</b>			
<b>8-3/4"</b>	<b>7"</b>		<b>7099'</b>		<b>1000 sacks (TOC at 3100')</b>			
<b>6-1/4"</b>	<b>4-1/2" (Liner)</b>		<b>6799 - 7608'</b>		<b>100 sacks</b>			

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 <b>June 11, 1967</b>	Date of Test <b>June 12, 1967</b>	Producing Method (Flow, pump, gas lift, etc.) <b>Pump</b>	
Length of Test <b>24 hours</b>	Tubing Pressure <b>--</b>	Casing Pressure <b>--</b>	Choke Size <b>--</b>
Actual Prod. During Test <b>15 barrels</b>	Oil-Bbls. <b>8</b>	Water-Bbls. <b>7</b>	Gas-MCF <b>--</b>

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

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.

ORIGINAL SIGNED BY  
**C. D. BORLAND**

(Signature)  
**Area Production Manager**

(Title)  
**June 14, 1967**

(Date)

OIL CONSERVATION COMMISSION

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

BY \_\_\_\_\_

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 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 completed wells.