

<input checked="" type="checkbox"/> DISTRIBUTION		
<input type="checkbox"/> STATE		
<input type="checkbox"/> FEE		
<input type="checkbox"/> G.S.		
<input type="checkbox"/> D 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 <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 Montoya and completed in Drk. Well is connected to Warren's system but run to El Paso Natural Gas Co. Acct.</b>
Recompletion <input type="checkbox"/>	
Change in Ownership <input type="checkbox"/>	
Change in Transporter of:	
Oil <input type="checkbox"/>	
Casinghead Gas <input type="checkbox"/>	
Dry 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 <b>R. E. Cole (NCT-A)</b>	Well No. <b>8</b>	Pool Name, Including Formation <b>Drinkard</b>	Kind of Lease State, Federal or Fee <b>State</b>	Lease No. <b>E-3480-1</b>
Location				
Unit Letter <b>K</b> ; <b>2130</b> Feet From The <b>South</b> Line and <b>2130</b> Feet From The <b>West</b>				
Line of Section <b>16</b> Township <b>22-S</b> Range <b>37-E</b> , NMPM, <b>Lea</b> 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"/>	Address (Give address to which approved copy of this form is to be sent)					
<b>Shell Pipe Line Corporation</b>	<b>Box 1910, Midland, Texas 79701</b>					
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)					
<b>Warren Petroleum Corporation</b>	<b>Box 1589, Tulsa, Oklahoma 74100</b>					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	<b>I</b>	<b>16</b>	<b>22-S</b>	<b>37-E</b>	<b>Yes</b>	<b>10-17-74</b>

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'v.	Diff. Res'v.
		<b>XX</b>						
Date Spudded <b>8-1-74</b>	Date Compl. Ready to Prod. <b>8-1-74</b>		Total Depth <b>7302'</b>		P.B.T.D. <b>6645'</b>			
Elevations (DF, RKB, RT, GR, etc.) <b>3392' GL</b>	Name of Producing Formation <b>Drinkard</b>		Top Oil/Gas Pay <b>6382'</b>		Tubing Depth <b>6340'</b>			
Perforations <b>6382' to 6567'</b>					Depth Casing Shoe <b>6302'</b>			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
<b>12-1/4"</b>	<b>9-5/8"</b>		<b>1159'</b>		<b>425 sacks (Circulated)</b>			
<b>8-3/4"</b>	<b>7"</b>		<b>7302'</b>		<b>1285 sacks (Circulated)</b>			
	<b>2-7/8"</b>		<b>6340'</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	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 <b>1800</b>	Length of Test <b>24 hours</b>	Bble. Condensate/MMCF <b>--</b>	Gravity of Condensate <b>--</b>
Testing Method (pitot, back pr.) <b>Orifice Flow Meter</b>	Tubing Pressure (shut-in) <b>1660# Flowing</b>	Casing Pressure (shut-in) <b>0 Packer</b>	Choke Size <b>20/64"</b>

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)

**October 17, 1974**  
(Date)

OIL CONSERVATION COMMISSION

APPROVED **OCT 18 1974**  
BY **John W. Runyan**  
Geologist  
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.