

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

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SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL GAS
OPERATOR	
PRODUCTION OFFICE	

I. Operator
Estate of G. P. Sims
Address
Box 1046, Eunice, New Mexico 88231
Reason(s) for filing (Check proper box)
New Well ☐ Change in Transporter of:
Recompletion ☐ Oil ☐ Dry Gas ☐
Change in Ownership ☒ Casinghead Gas ☐ Condensate ☐ Operator died

If change of ownership give name and address of previous owner G. P. Sims, Box 1046, Eunice, New Mexico 88231

II. DESCRIPTION OF WELL AND LEASE

Lease Name Vivian Gulf	Well No. 1	Pool Name, Including Formation Undesignated Santa Rosa	Kind of Lease State, Federal or Fee Fee	Lease No.
Location Unit Letter <u>E</u> Feet From The <u>North</u> Line and <u>1000</u> Feet From The <u>West</u> Line of Section <u>30</u> Township <u>22S</u> Range <u>38E</u> , N.M.P.M., Lea County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☐ or Condensate ☐ None	Address (Give address to which approved copy of this form is to be sent) --	
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☐ Warren Petroleum Corporation Corporation	Address (Give address to which approved copy of this form is to be sent) Box 1589, Tulsa, Okla. 74102	
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge.	Is gas actually connected? When Yes 1969

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 Restv.	Diff. Restv.
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
Elevations (DF, R&B, RT, GR, etc.)	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 (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 (Pilot, 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		Grav. of Condensate	
Actual Prod. Test-MCF/D	Length of Test	Oil, Condensate/MCF	
Producing Method (pilot, back pr.)	Tubing Pressure (shot-in)	Casing Pressure (shot-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.

Minister, Eunice
Representative of Estate of
G. P. Sims

OIL CONSERVATION COMMISSION

APPROVED MAY 24 1969
BY Orig. Signed by
John Runyan
Geologist

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 deviations from the well in accordance with RULE 111.
All copies of this form must be filled out completely for filing.
Fill out Sections I, II, III, and IV for changes of owner, well name, location, or transporter, or other such change of conditions.
Sections V and VI must be filled for each test in compliance with RULE 1104.