

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SAFETY FE	
FILE	
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 P. O. Box 670, Hobbs, N.M. 88240	
Reason(s) for filing (Check proper box)	
New Well ☐	Change in Transporter of: Oil ☐ Dry Gas ☐ Casinghead Gas ☐ Condensate ☐
Recompletion ☐	Change in oil transporter
Change in Ownership ☐	

If change of ownership give name
and address of previous owner

1. DESCRIPTION OF WELL AND LEASE

Lease Name R. E. Cole (NCT-A)	Well No. 13	Pool Name, including Formation South McCormack Silurian	Kind of Lease State, Federal or Fee	State State	Lease No. E-3480-1
Location					
Unit Letter: 0 ; 910 Feet From The south Line and 2130 Feet From The east					
Line of Section 16 Township 22S Range 37E, NMPM, Lea County					

2. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐ Western Transportation Company, Inc.	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1219, Midland, Texas 79701					
Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐ Warren Petroleum Corporation	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1589, Tulsa, Okla. 74100					
If well produces oil or liquids, give location of tanks.	Unit J	Sec. 16	Twp. 22S	Rge. 37E	Is gas actually connected? Yes	When 3-30-1969

If this production is commingled with that from any other lease or pool, give commingling order number: PC-329

3. COMPLETION DATA

Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'tv.	Diff. Res'tv.
Date Spudded	Date Compl. Ready to Prod.	Total Depth			P.B.T.D.				
Elevations (DF, RKB, 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			

4. 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	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

5. 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.

C.R. Korgebwa
(Signature)

Project Petroleum Engineer
(Title)

February 23, 1977
(Date)

OIL CONSERVATION COMMISSION

APPROVED FEB 23 1977, 19

BY Jerry Sexton

TITLE Dist. 1, Supv.

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 conditions.