

DISTRIBUTION			
STATE FEES			
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

I. OPERATOR

Operator
Gulf Oil Corporation

Address
Box 670, Hobbs, New Mexico 88240

Reason(s) for filing (Check proper box)

New Well	<input type="checkbox"/>	Change in Transporter of:		Other (Please explain)		
Recompletion	<input type="checkbox"/>	Oil	<input type="checkbox"/>	Dry Gas	<input type="checkbox"/>	New Well
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>	Condensate	<input type="checkbox"/>	

If change of ownership give name and address of previous owner

CASINGHEAD GAS MUST NOT BE
FLARED AFTER 12/11/72
UNLESS AN EXCEPTION TO B-4070
IS OBTAINED.

II. DESCRIPTION OF WELL AND LEASE

Lease Name J. F. Janda (NCT-E)	Well No. 4	Pool Name, Including Formation Jalmat Oil	Kind of Lease State, Federal or Fee State	Lease No. B=229-1
Location Unit Letter <u>B</u> ; <u>990</u> Feet From The <u>North</u> Line and <u>1650</u> Feet From The <u>East</u> Line of Section <u>21</u> Township <u>23-S</u> Range <u>36-E</u> , NMPM, <u>Lea</u> 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)
The Permian Corporation	Box 3119, Midland, Texas 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)
None - Gas is vented, waiting on tank battery construction	
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When
B 21 21-S 36-E	No

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.
X	X							
Date Spudded 9-27-72	Date Compl. Ready to Prod. 10-10-72	Total Depth 3375'	P.B.T.D. 3336'					
Elevations (DF, RKB, RT, GR, etc.) 3439' GL	Name of Producing Formation 7-Rivers	Top Oil/XXS Pay 3320'	Tubing Depth 3282'					
Perforations 3320 - 3324'	Depth Casing Shoe 3374'							
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
12-1/4" to 665', 11" to 1385'	8-5/8" 24# K-55	1385'	500 sacks (Circulated)					
7-7/8"	4-1/2" 9.5# J-55	3374'	215 sacks (TOC at 2518')					
	2-3/8"	3282'						

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 10-10-72	Date of Test 10-11-72	Producing Method (Flow, pump, gas lift, etc.) Flow	
Length of Test 21-1/2 hours	Tubing Pressure 260#	Casing Pressure --	Choke Size 28/64"
Actual Prod. During Test 314 barrels	Oil - Bbls. 280	Water - Bbls. 34 (Load)	Gas - MCF --

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.

CD Borland
(Signature)

Area Production Manager

(Title)

October 11, 1972

(Date)

OIL CONSERVATION COMMISSION

APPROVED OCT 12 1972, 19

BY John Runyan

TITLE 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 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.