

DISTRIBUTION	
SA	T A F E
FI	E
G.S.	
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

I. Operator  
Gulf Oil Corporation  
Address  
Box 670, Hobbs, New Mexico 88240  
Reason(s) for filing (Check proper box)  
New Well ☐ Change in Transporter of:  
Recompletion ☐ Oil ☐ Dry Gas ☐  
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐  
Other (Please explain)  
Change in oil Transporter, effective  
May 9, 1974  
If change of ownership give name  
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Mark	Well No. 9	Pool Name, Including Formation Penrose Skelly	Kind of Lease State, Federal or Fee	Lease No. Fee
Location Unit Letter G : 2172 Feet From The North Line and 1972 Feet From The East Line of Section 3 Township 22-S Range 37-E, NMPM, Lea 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"/> Texas-New Mexico Pipeline Co.	Address (Give address to which approved copy of this form is to be sent) Box 1510, Midland, Texas 79701			
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Warren Petroleum Corporation	Address (Give address to which approved copy of this form is to be sent) Box 1589, Tulsa, Oklahoma 74100			
If well produces oil or liquids, give location of tanks.	Unit B	Sec. 3	Twp. 22-S	Rge. 37-E
	Is gas actually connected? Yes		When January 10, 1974	

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.
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		

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

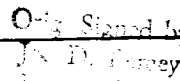
Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size

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.

  
(Signature)  
Area Engineer  
(Title)  
May 14, 1974  
(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.

DISTRIBUTION	
SALTA FE	
FILE	
REG.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-11  
Effective 1-1-65

I. Operator  
Gulf Oil Corporation  
Address  
Box 670, Hobbs, New Mexico 88240  
Reason(s) for filing (Check proper box)  
New Well ☐ Change in Transporter of:  
Recompletion ☐ Oil ☐ Dry Gas ☐  
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐  
Other (Please explain)  
New Well  
If change of ownership give name and address of previous owner \_\_\_\_\_

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>Mark</u>	Well No. <u>9</u>	Pool Name, Including Formation <u>Penrose Skelly</u>	Kind of Lease State, Federal or Fee <u>Fee</u>	Lease No.
Location Unit Letter <u>G</u> ; <u>2172</u> Feet From The <u>North</u> Line and <u>1972</u> Feet From The <u>East</u> Line of Section <u>3</u> Township <u>22-S</u> Range <u>37-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"/> <u>The Permian Corporation</u>	Address (Give address to which approved copy of this form is to be sent) <u>Box 3119, Midland, Texas 79701</u>					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> <u>Warren Petroleum Corporation</u>	Address (Give address to which approved copy of this form is to be sent) <u>Box 1589, Tulsa, Oklahoma 74100</u>					
If well produces oil or liquids, give location of tanks.	Unit <u>G</u>	Sec. <u>3</u>	Twp. <u>22-S</u>	Rge. <u>37-E</u>	Is gas actually connected? <u>Yes</u>	When <u>January 10, 1974</u>

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.
<u>XXXX</u>			<u>X</u>					
Date Spudded <u>12-8-73</u>	Date Compl. Ready to Prod. <u>1-29-73</u>	Total Depth <u>3948'</u>		P.B.T.D. <u>3915'</u>				
Elevations (DF, RKB, RT, GR, etc.) <u>3393' GL</u>	Name of Producing Formation <u>Grayburg</u>	Top Oil <u>XXX</u> Pay <u>3698'</u>		Tubing Depth <u>3777'</u>				
Perforations <u>3698' to 3782'</u>					Depth Casing Shoe <u>3947'</u>			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET		SACKS CEMENT				
<u>15"</u>	<u>11-3/4"</u>	<u>315'</u>		<u>250 sacks (Circulated)</u>				
<u>7-7/8"</u>	<u>5-1/2"</u>	<u>3947'</u>		<u>425 sacks (TOC at 1980')</u>				
	<u>2-3/8"</u>	<u>3777'</u>						

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 <u>12-29-73</u>	Date of Test <u>1-25-74</u>	Producing Method (Flow, pump, gas lift, etc.) <u>Producing</u>	
Length of Test <u>24 hours</u>	Tubing Pressure <u>--</u>	Casing Pressure <u>--</u>	Choke Size <u>2"</u>
Actual Prod. During Test <u>260 barrels</u>	Oil - Bbls. <u>65</u>	Water - Bbls. <u>195</u>	Gas - MCF <u>--</u>

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.

(Signature)  
Area Production Manager  
(Title)  
January 25, 1974  
(Date)

OIL CONSERVATION COMMISSION

APPROVED \_\_\_\_\_, 19\_\_\_\_\_  
BY (Signature)  
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.

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