

DISTRIBUTION	
SALE	
FILE	
G.S.	
FIELD 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

DO NOT BE
3/28/74
EXCEPTION TO R4070
IS OBTAINED

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 ☐ Other (Please explain)
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐ New Well
If change of ownership give name and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>F. J. Danglade</u>	Well No. <u>2</u>	Pool Name, Including Formation <u>Wantz Granite Wash</u>	Kind of Lease State, Federal or Fee <u>Fee</u>	Lease No.
Location Unit Letter <u>N</u> ; <u>770</u> Feet From The <u>South</u> Line and <u>1980</u> Feet From The <u>West</u> Line of Section <u>13</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>Western Crude Oil, Inc.</u>	Address (Give address to which approved copy of this form is to be sent) <u>Box 1142, Midland, Texas 79701</u>	
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> <u>None - Waiting on tank battery construction</u>	Address (Give address to which approved copy of this form is to be sent)	
If well produces oil or liquids, give location of tanks.	Unit <u>N</u>	Sec. <u>13</u>
	Twp. <u>22-S</u>	Rge. <u>37-E</u>
	Is gas actually connected? <u>No</u> When _____	

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 <u>XX</u>	Gas Well	New Well <u>XX</u>	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded <u>12-21-73</u>	Date Compl. Ready to Prod. <u>1-28-74</u>		Total Depth <u>7502'</u>		P.B.T.D. <u>7486'</u>			
Elevations (DF, RKB, RT, GR, etc.) <u>3328' GL</u>	Name of Producing Formation <u>Granite Wash</u>		Top Oil/ Gas Pay <u>7423'</u>		Tubing Depth <u>7353'</u>			
Perforations <u>7423 - 7474'</u>					Depth Casing Shoe <u>7501'</u>			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
<u>12-1/4"</u>	<u>9-5/8"</u>		<u>1196'</u>		<u>500 sacks (Circulated)</u>			
<u>8-3/4"</u>	<u>7"</u>		<u>7501'</u>		<u>777 sacks (TOC at 2160')</u>			
	<u>2-7/8"</u>		<u>7353'</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>1-28-74</u>	Date of Test <u>2-3-74</u>	Producing Method (Flow, pump, gas lift, etc.) <u>Flow</u>	
Length of Test <u>24 hours</u>	Tubing Pressure <u>140 - 160#</u>	Casing Pressure <u>--</u>	Choke Size <u>24/64"</u>
Actual Prod. During Test <u>220 barrels</u>	Oil - Bbls. <u>220</u>	Water - Bbls. <u>--0--</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.

H. J. Braggs
(Signature)
Area Engineer
(Title)
February 4, 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.

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.

WELL NAME AND NUMBER F. J. Danglade

LOCATION 770' FSL1 & 1980' FWL Section 13, 22-S, 37-E
(New Mexico give U,S,T & R; Texas give S,Blk.,Sur.& Twp.when required)

OPERATOR GULF OIL CORPORATION

DRILLING CONTRACTOR Capitan Drilling Company

The undersigned hereby certifies that he is an authorized representative of the drilling contractor who drilled the above-described well and that he has conducted deviation tests and obtained the following results:

<u>Degrees @ Depth</u>	<u>Degrees @ Depth</u>	<u>Degrees @ Depth</u>	<u>Degrees @ Depth</u>
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Drilling Contractor Capitan Drilling Co Inc

By William C Smith

Subscribed and sworn to before me this 23 day of January, 1974

My Commission Expires: 10-1-75
William C Smith
Notary Public
County,