

DISTRIBUTION			
SANTA FE			
FIRE			
U.S.G.S.			
LAND OFFICE			
TRANSPORTER	OIL		
	GAS		
OPERATOR			
PROBATION OFFICE			

NEW MEXICO OIL CONSERVATION COMMISS'
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 Box 670 Hobbs,	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input checked="" type="checkbox"/>	New Well. Well is connected to Warren s system but run to El Paso Natural Gas Co. Account.
Recompletion <input type="checkbox"/>	
Change in Ownership <input type="checkbox"/>	
Change in Transporter of:	
Oil <input type="checkbox"/>	Dry Gas <input type="checkbox"/>
Casinghead Gas <input type="checkbox"/>	Condensate <input type="checkbox"/>
If change of ownership give name and address of previous owner	

DESCRIPTION OF WELL AND LEASE				
Lease Name Hugh	Well No. 9	Pool Name, including Formation Drinkard	Kind of Lease State, Federal or Fee Fee	Lease No.
Location				
Unit Letter G	1980	Feet From The North	Line and 1980	Feet From The East
Line of Section 14	Township 22-S	Range 37-E	, NMPM, Lea County	

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS				
Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>		Address (Give address to which approved copy of this form is to be sent)		
Shell Pipe Line Corporation		Box 1910, Midland, Texas 79701		
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>		Address (Give address to which approved copy of this form is to be sent)		
Warren Petroleum Corporation		Box 1589, Tulsa, Oklahoma 74100		
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.
	G	14	22-S	37-E
Is gas actually connected?		When		
Yes		September 4, 1974		
If this production is commingled with that from any other lease or pool, give commingling order number:				

COMPLETION DATA								
Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
		XX	XX					
Date Spudded 2-2-74	Date Compl. Ready to Prod. 3-1-74		Total Depth 6522'		P.B.T.D. 6486'			
Elevations (DF, RKB, RT, GR, etc.) 3334' GL	Name of Producing Formation Drinkard		Top XX Gas Pay 6258'		Tubing Depth 6203'			
Perforations 6258' to 6376'					Depth Casing Shoe 6521'			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12-1/4"	8-5/8"		1206'		600 sacks (Circulated)			
7-7/8"	5-1/2"		6521'		730 sacks (ToC at 2270')			
	2-3/8"		6203'					

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 2507	Length of Test 6 hours	Bbls. Condensate/MMCF --	Gravity of Condensate --
Testing Method (pitot, back pr.) Well Tester	Tubing Pressure (shut-in) 1200# Flowing	Casing Pressure (shut-in) --	Choke Size 18/64"

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.

B. J. Lambert
(Signature)
Area Engineer
(Title)
September 5, 1974
(Date)

OIL CONSERVATION COMMISSION

APPROVED **SEP 10 1974**, 19____
BY **[Signature]**
TITLE **STAFF ENGINEER**

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.