

DISTRIBUTION			
SALE			
FILE			
G.S.			
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)
New Well
**CASINGHEAD GAS MUST NOT BE
FLARED AFTER 10/14/74
UNLESS AN EXCEPTION TO R-4870
IS OBTAINED.**
If change of ownership give name
and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>R. E. Cole (NCT-A)</u>	Well No. <u>15</u>	Pool Name, Including Formation <u>Drinkard</u>	Kind of Lease State, Federal or Fee <u>State</u>	Lease No. <u>E-3480-1</u>
Location Unit Letter <u>L</u> : <u>1980</u> Feet From The <u>South</u> Line and <u>825</u> Feet From The <u>West</u> Line of Section <u>16</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>Shell Pipe Line Corporation</u>	Address (Give address to which approved copy of this form is to be sent) <u>Box 1910, 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 connection.</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>I</u>	Sec. <u>16</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: PC-303

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'v. <input type="checkbox"/>	Diff. Res'v. <input type="checkbox"/>
Date Spudded <u>7-6-74</u>	Date Compl. Ready to Prod. <u>8-14-74</u>		Total Depth <u>6700'</u>		P.B.T.D. <u>6652'</u>			
Elevations (DF, RKB, RT, CR, etc.) <u>3400' GL</u>	Name of Producing Formation <u>Drinkard</u>		Top Oil/Gas Pay <u>6398'</u>		Tubing Depth <u>6359'</u>			
Perforations <u>6398' to 6572'</u>					Depth Casing Shoe <u>6700'</u>			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
<u>12-1/4"</u>	<u>8-5/8"</u>		<u>1144'</u>		<u>600 sacks (Circulated)</u>			
<u>1-1/8"</u>	<u>5-1/2"</u>		<u>6700'</u>		<u>750 sacks (TOC at 2110)</u>			
	<u>2-3/8"</u>		<u>6359'</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>8-14-74</u>	Date of Test <u>8-26-74</u>	Producing Method (Flow, pump, gas lift, etc.) <u>Flow</u>	
Length of Test <u>24 hours</u>	Tubing Pressure <u>175#</u>	Casing Pressure <u>--</u>	Choke Size <u>24/64"</u>
Actual Prod. During Test <u>60 barrels</u>	Oil - Bbls. <u>24</u>	Water - Bbls. <u>36</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.

B. J. Barbra
(Signature)
Area Engineer
(Title)
August 27, 1974
(Date)

OIL CONSERVATION COMMISSION
APPROVED AUG 29 1974, 19____
BY [Signature]
TITLE SUPERVISOR DISTRICT I

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.