

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

Operator <u>Gulf Oil Corporation</u>	
Address <u>Box 670, Hobbs, New Mexico 88240</u>	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input type="checkbox"/>	<u>New Well</u>
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 _____
THIS WELL HAS BEEN PLACED IN THE POOL
DESIGNATED BELOW IF YOU DO NOT CONCUR
NOTIFY THIS OFFICE R-5704

Lease Name <u>Hugh</u>		Well No. <u>11</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>B</u>	<u>410</u>	Feet From The <u>North</u>	Line and <u>1980</u>	Feet From The <u>East</u>	
Line of Section <u>14</u>	Township <u>22-S</u>	Range <u>37-E</u>	<u>NMPM,</u>	<u>Lea</u>	County

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)			
<u>Shell Pipe Line Corporation</u>	<u>Box 1910, Midland, Texas 79701</u>			
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)			
<u>Warren Petroleum Corporation</u>	<u>Box 1589, Tulsa, Oklahoma 74100</u>			
If well produces oil or liquids, give location of tanks.	Unit <u>C</u>	Sec. <u>14</u>	Twp. <u>22-S</u>	Rge. <u>37-E</u>
				Is it actually connected? <u>Yes</u>
				When <u>Unknown</u>

If this production is commingled with that from any other lease or pool give commingling order number: PC-516

COMPLETION DATA			
Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> New Well <input checked="" type="checkbox"/> Workover <input type="checkbox"/> Deepen <input type="checkbox"/> Plug Back <input type="checkbox"/> Same Res't. <input type="checkbox"/> Diff. Res't. <input type="checkbox"/>		
Date Spudded <u>8-2-75</u>	Date Compl. Ready to Prod. <u>10-28-75</u>		
Elevations (DF, RKB, RT, GR, etc.) <u>3339' GL</u>	Name of Producing Formation <u>Granite Wash</u>		
Perforations <u>7217' to 7300'</u>	Total Depth <u>7470'</u>		
	Top Oil <input checked="" type="checkbox"/> Pay <u>7217'</u>		
	Taking Depth <u>7160'</u>		
	Depth Casing Shoe <u>7470'</u>		
TUBING, CASING, AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
<u>11"</u>	<u>8-5/8"</u>	<u>1143'</u>	<u>500 sacks (Circulated)</u>
<u>7-7/8"</u>	<u>5-1/2"</u>	<u>7470'</u>	<u>1050 sacks (TOC at 1830')</u>
	<u>2-3/8"</u>	<u>7160'</u>	

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>10-28-75</u>	Date of Test <u>12-16-75</u>	Producing Method (Flow, pump, gas lift, etc.) <u>Pump</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>19 barrels</u>	Oil-Bbls. <u>18</u>	Water-Bbls. <u>1</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

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.

D.F. Berlin
(Signature)

Area Engineer
(Title)

December 16, 1975
(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19____

BY [Signature]

TITLE [Signature]

This form is to be filed in compliance with RULE 110.

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 change of owner, well name or number, or transporter, or other such change in condition.