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TRANSPORTER	OIL
	GAS
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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-1
Effective 1-1-65

1.

Operator GULF OIL CORPORATION	
Address P. O. Box 670, Hobbs, New Mexico 88240	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well ☒	Indicating Purchaser of Casinghead Gas & Connection Date
Recompletion ☐	
Change in Ownership ☐	
Change in Transporter of: Oil ☐ Dry Gas ☐ Casinghead Gas ☐ Condensate ☐	

If change of ownership give name and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name H. P. Saunders	Well No. 2	Pool Name, including Formation Drinkard	Kind of Lease State, Federal or Fee Fee	Lease No.
Location				
Unit Letter J	1650	Feet From The South	Line and 2310	Feet From The East
Line of Section 7	Township 22-S	Range 38-E	NMPM, Lea County	

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐	Address (Give address to which approved copy of this form is to be sent)					
Permian Corporation	P. O. Box 3119, Midland, TX 79701					
Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐	Address (Give address to which approved copy of this form is to be sent)					
Warren Petroleum Corporation	P. O. Box 1589, Tulsa, OK 74103					
If well produces oil or liquids, give location of tanks.	Unit 0	Sec. 7	Twp. 22S	Rge. 38E	Is gas actually connected? Yes	When 3-18-78

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, RAB, 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)

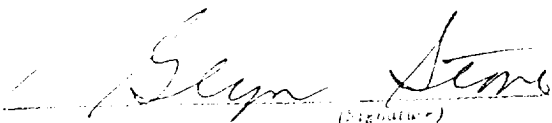
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

GAS WELL

Actual Prod. During Test	Length of Test	Bbls. Condensate/MCF	Gravity of Condensate
Team (pump, pump, back, etc.)	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)

Acting Area Engineer

07-27-78

(Date)

OIL CONSERVATION COMMISSION

AUG 1 1978

APPROVED _____, 19__

BY _____

Oats Signed by

Jerry Seaton

Dist 1, Supv.

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 deviated tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for either 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 conditions.

Separate Form C-104 must be filed for each pool in multiple completed wells.

AUG 1 1978

RESERVATION COMM.
1978, A. M.

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-111
Effective 1-1-65

DATE RECEIVED	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL GAS
OPERATOR	
PRODUCTION OFFICE	

I.

Operator Gulf Oil Corporation	
Address P. O. Box 670, Hobbs, NM 88240	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well ☒	CASINGHEAD GAS MUST NOT BE FLARED AFTER 5-1-78 UNLESS AN EXCEPTION TO R-4070 IS OBTAINED.
Recompletion ☐	
Change in Ownership ☐	
Change in Transporter of: Oil ☐ Dry Gas ☐ Casinghead Gas ☐ Condensate ☐	
If change of ownership give name and address of previous owner	

II. DESCRIPTION OF WELL AND LEASE

Lease Name H. P. Saunders	Well No. 2	Pool Name, including Formation Drinkard	Kind of Lease State, Federal or Fee Fee	Lease No.
Location				
Unit Letter J	: 1650	Feet From The South	Line and 2310	Feet From The East
Line of Section 7	Township 22-S	Range 38-E	NMPM, Lea	County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐ Permian Corporation	Address (Give address to which approved copy of this form is to be sent) P. O. Box 3119, Midland, TX 79701					
Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐ Warren Petroleum Corporation	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1589, Tulsa, OK 74103					
If well produces oil or liquids, give location of tanks.	Unit 0	Sec. 7	Twp. 22-S	Rge. 38-E	Is gas actually connected? No	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 ☒	Gas Well ☐	New Well ☒	Workover ☐	Deepen ☐	Plug Back ☐	Same Res'v. ☐	Diff. Res'v. ☐
Date Spudded 11-1-77	Date Compl. Ready to Prod. 1-15-78		Total Depth 8000'		P.B.T.D. 7260'			
Elevations (DF, RAB, RT, CR, etc.) 3342' GL	Name of Producing Formation Drinkard		Top Oil/Gas Pay 6940'		Tubing Depth 7211'			
Perforations 6940-7235' Drinkard					Depth Casing Shoe 8000'			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12 1/4"	9 5/8"		1345'		550 sacks - circ			
8 3/4"	5 1/2"		8000'		2600 sacks - circ			
	2 3/8"		7211'					

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 1-15-78	Date of Test 3-4-78	Producing Method (Flow, pump, gas lift, etc.) ppg	
Length of Test 24 hrs	Tubing Pressure	Casing Pressure	Choke Size 2"
Actual Prod. During Test 32	Oil-Bbls. 22	Water-Bbls. 10	Gas-MCF 37

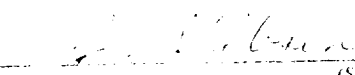
Corr gvty 38.1

GAS WELL

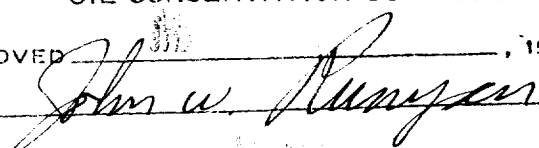
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size

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)
3-7-78
(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.

Separate Forms C-104 must be filed for each pool in multiply completed wells.