

## OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

Form C-104  
Revised 10-1-78REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

1. OPERATOR	Gulf Oil Corporation		
2. ADDRESS	P. O. Box 670, Hobbs, NM 88240		
3. REASON(S) FOR FILING (Check proper box)	Other (Please explain)		
New Well <input type="checkbox"/>	Change in Transporter of:	Oil <input checked="" type="checkbox"/>	Dry Gas <input type="checkbox"/>
Recompletion <input type="checkbox"/>	Coalinghead Gas <input type="checkbox"/>	Condensate <input type="checkbox"/>	Change in Name of Transporter
Change in Ownership <input type="checkbox"/>	Effective 1-1-83		

If change of ownership give name  
and address of previous owner \_\_\_\_\_

## II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
A. L. Christmas (NCT-C)	16	Tubb	State, Federal or Fee	Fee
Location				
Unit Letter	M	810	Feet From The	South Line and
				710
				Feet From The
				West
Line of Section	18	Township	22S	Range
				37E
				NMPM, Lea
				Coun.

## III. 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)	
Getty Trading & Transportation Co.	Box 1142, Midland, TX 79701	
Name of Authorized Transporter of Coalinghead 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)	
Warren Petroleum Corp.	Box 1589, Tulsa, OK 74100	
If well produces oil or liquids, give location of tanks.	Unit	Sec.
	G	18
		22S
		37E
Is gas actually connected?	When	
Yes	4-11-78	

If this production is commingled with that from any other lease or pool, give commingling order number: PC-557

## IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Re
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 of well for this depth or be for full 24 hours)

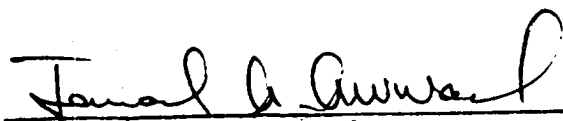
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

## GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (prior, 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 Division 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)

1-26-83

(Date)

## OIL CONSERVATION DIVISION

APPROVED JAN 28 1983, 19  
ORIGINAL SIGNED BY  
BY EDDIE W. SEAY  
TITLE OIL & GAS INSPECTOR

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deeper well, this form must be accompanied by a tabulation of the device tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for all wells on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of well name or number, or transporter, or other such change of condition.

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

RECEIVED  
JAN 27 1983  
O.C.F.  
HOBBS OFFICE

**Operator:**

GULF OIL CORPORATION

Address

P. O. Box 670, Hobbs, New Mexico 88240

Reason(s) for filing (Check proper box)

New Vic:1

**X**

Change in Transporter of:

### Recompletion



C11

Dry Gas



Change in Ownership



### Casinghead Gas



Condensate

7

Other (Please explain)

Indicating Purchaser of Casinghead  
Gas & Connection Date

If change of ownership give name  
and address of previous owner \_\_\_\_\_

## II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease State, Federal or Fee	Lease No.
A. L. Christmas (NCT-C)	16	Tubb	Fee	
Location				
Unit Letter	M	810	Feet From The	South
			Line and	710
			Feet From The	West
Line of Section	18	Township	22-S	Range
				37-E
				, NMPM,
				Lea
				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"/>					Address (Give address to which approved copy of this form is to be sent)	
Western Crude, Inc.					P. O. Box 1142, Midland, TX 79701	
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)	
Warren Petroleum Corporation					P. O. Box 1589, Tulsa, OK 74100	
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually collected?	When
	G	18	22-S	37-E	Yes	4-11-78

If this production is commingled with that from any other lease or pool, give commingling order number: PC - 557

#### 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			
<b>TUBING, CASING, AND CEMENTING RECORD</b>									
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 M.I.I.

Actual Test Test-MOP/0	Length of Test	Inis. Condensate MOP	Gravity of Condensate
Leaking Material (pilot, back pr.)	Test Pressure (shut-in)	Coasting Pressure (shut-in)	Check 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.

Acting Area Engineer

07-27-78

(i)  $\mathcal{H}_1$

CL CONSERVATION COMMISSION

APPROVED AUG 1 1978 *[Signature]*, 19

BY [Signature]  
TITLE OIL & GAS INSPECTOR

Table 144 to be made 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 taken on the well in accordance with RULE 101.

All sections of this form must be filled out completely for all wells on new or completed wells.

Fill out only Sections I, II, III, and VI for changes of ownership, name, number, or transportation, or other such change of condition.

Separate forms C-104 must be filed for each pool in multi-