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U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRODUCTION OFFICE		

NEW MEXICO OIL CONSERVATION COMMISSION

Form C-104

Supersedes Old C-104 and C-1  
Effective 1-1-65REQUEST FOR ALLOWABLE  
AND

## AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator GULF OIL CORPORATION		
Address P. O. Box 670, Hobbs, New Mexico 88240		
Reason(s) for filing (Check proper box)	Designate	Other (Please explain)
New Well <input checked="" type="checkbox"/>	<del>Recompletion</del> Transporter of:	
Recompletion <input type="checkbox"/>	Oil <input checked="" type="checkbox"/> Dry Gas <input type="checkbox"/>	
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input checked="" type="checkbox"/> Condensate <input type="checkbox"/>	

If change of ownership give name  
and address of previous owner

## II. DESCRIPTION OF WELL AND LEASE

Lease Name Hugh	Well No. 13	Pool Name, including Formation Wantz Granite Wash	Kind of Lease State, Federal or Fee	Lease No. Fee
Location Unit Letter <u>A</u> ; <u>710</u> Feet From The <u>North</u> Line and <u>330</u> Feet From The <u>East</u> Line of Section <u>14</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"/>	Address (Give address to which approved copy of this form is to be sent)	
Shell Pipe Line Company	P. O. Box 1910, Midland, Texas 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, Oklahoma 74100	
If well produces oil or liquids, give location of tanks.	Unit C	Sec. 14
	Twp. 22S	Rge. 37E
	Is gas actually connected?	When
	Yes	10-7-78

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 <input checked="" type="checkbox"/>	Gas Well	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded 7-26-78	Date Compl. Ready to Prod. 10-10-78	Total Depth 7833'	P.B.T.D.					
Elevations (DF, RAB, RT, GR, etc.) 3338' GL	Name of Producing Formation Granite Wash	Top Oil/Gas Pay 7439'	Tubing Depth 7390'					
Perforations 7439' - 7662'	Depth Casing Shoe							
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12-1/4"	8-5/8" - 24#		1137'		500 sx - Circulated			
7-7/8"	5-1/2" - 15.5# & 17#		7818'		1870 sx - Circulated			
	2-3/8"		7390'					

## 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 10-7-78	Date of Test 10-12-78	Producing Method (Flow, pump, gas lift, etc.) Flowing	
Length of Test 24 Hours	Tubing Pressure 500#	Casing Pressure -	Choke Size 20/64"
Actual Prod. During Test 181 Bbls	Oil - Bbls. 181	Water - Bbls. -	Gas - MCF -

## GAS WELL

Corr. Gvty: 41.4°

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.

H. B. Sikes, Jr.  
(Signature)Area Engineer  
(Title)10-13-78  
(Date)

## OIL CONSERVATION COMMISSION

APPROVED

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 multiple completed wells.