

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501Form C-104
Revised 10-1-78

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SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL GAS
OPERATOR	
PRODUCTION OFFICE	

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator <u>Gulf Oil Corporation</u>	
Address <u>P.O. Box 670, Hobbs, NM 88240</u>	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well ☐	Change in Transporter of:
Recompletion ☒	Oil ☐ Dry Gas ☐
Change in Ownership ☐	Casinghead Gas ☐ Condensate ☐

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

3. DESCRIPTION OF WELL AND LEASE

Lease Name <u>Mark</u>	Well No. <u>12</u>	Pool Name, including Formation <u>Wantz Also</u>	Kind of Lease State, Federal or Fee <u>Fee</u>	Lease No.
Location				
Unit Letter <u>G</u>	<u>2227</u>	Feet From The <u>North</u> Line and <u>1948</u>	Feet From The <u>East</u>	
Line of Section <u>3</u>	Township <u>22S</u>	Range <u>37E</u>	N.M.P.M. <u>Lea</u>	County

4. 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)	
<u>Shell Pipeline Corp.</u>	<u>Box 1910, Midland, TX 79701</u>	
Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐	Address (Give address to which approved copy of this form is to be sent)	
<u>Warren Petroleum Corp.</u>	<u>Box 1589, Tulsa, OK 74100</u>	
If well produces oil or liquids, give location of tanks.	Unit <u>F</u>	Sec. <u>3</u>
	Twp. <u>22S</u>	Rge. <u>37E</u>
	Is gas actually connected? <u>Yes</u>	When <u>10-7-78</u>

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

5. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'tv.	Diff. Re
						☒		☒
Date Spudded <u>7-11-83</u>	Date Compl. Ready to Prod. <u>7-18-83</u>	Total Depth <u>7600'</u>	P.B.T.D. <u>7365'</u>					
Elevations (DF, RKB, RT, GR, etc.) <u>3395' GL</u>	Name of Producing Formation <u>Also</u>	Top Oil/Gas Pay <u>6643'</u>	Tubing Depth <u>7340'</u>					
Perforations <u>6643'-7058'</u>			Depth Casing Shoe —					

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
<u>7 7/8" Casing</u>			

6. 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 oil able for this depth or be for full 24 hours)

Date First New Oil Run To Tanks <u>7-18-83</u>	Date of Test <u>7-26-83</u>	Producing Method (Flow, pump, gas lift, etc.) <u>Flow</u>	
Length of Test <u>24 hrs</u>	Tubing Pressure <u>250#</u>	Casing Pressure <u>400#</u>	Choke Size <u>22/64"</u>
Actual Prod. During Test <u>22</u>	Oil-Bbls. <u>22</u>	Water-Bbls. <u>0</u>	Gas-MCF <u>732</u>

GAS WELL

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

7. 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.

R. L. Pitzer

(Signature)

AREA ENGINEER

(Title)

7-26-83

(Date)

OIL CONSERVATION DIVISION

APPROVED JUL 29 1983, 19BY ORIGINAL SIGNED BY JERRY SEXTONTITLE DISTRICT 1 SUPERVISOR

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

All sections of this form must be filled out completely for all able 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
JUL 28 1983
O.C.D.
HOBBS OFFICE