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U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRODUCTION 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
Effective 1-1-65

I. Operator
Gulf Oil Corporation
Address
P. O. Box 670 Hobbs, New Mexico 88240

Reason(s) for filing (Check proper box)
New Well ☒ Change in Transporter of:
Recompletion ☐ Oil ☐ Dry Gas ☐
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐
Other (Please explain)

If change of ownership give name
and address of previous owner

THIS WELL HAS BEEN PLACED IN THE POOL
OF THE GRANITE WASH FIELD IN THE
COUNTY OF LEA, NEW MEXICO.

II. DESCRIPTION OF WELL AND LEASE

Lease Name Mark	Well No. 12	Pool Name, Including Formation Wantz Granite Wash	Kind of Lease State, Federal or Fee Fee	Lease No.
Location Unit Letter: G ; 2227 Feet From The North Line and 1948 Feet From The East Line of Section 3 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"/> Shell Pipeline Corporation	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1910, Midland, Texas 79701					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Warren Petroleum Corporation	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1539 Tulsa, Oklahoma 74100					
If well produces oil or liquids, give location of tanks.	Unit F	Sec. 3	Twp. 22S	Rge. 37E	Is gas actually connected? Yes	When 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 XX	Gas Well	New Well XX	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded 9-6-78	Date Compl. Ready to Prod. 10-4-78	Total Depth 7600'	P.B.T.D. 7571'					
Elevations (DF, RAS, RT, GR, etc.) 3395' GL	Name of Producing Formation Granite Wash	Top Oil/Gas Pay 7413'	Tubing Depth 7341'					
Perforations 7413' - 7565'	Depth Casing Shoe -							
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE 12-1/4"	CASING & TUBING SIZE 8-5/8" - 24.0#		DEPTH SET 1130'		SACKS CEMENT 550 - Circ.			
7 7/8"	5-1/2" - 15.5#		7600'		1700 - Circ.			
	2-3/8" -		7341'					

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 10-12-78	Date of Test 10-17-78	Producing Method (Flow, pump, gas lift, etc.) Flowing	
Length of Test 24 hrs.	Tubing Pressure 190 #	Casing Pressure ---	Choke Size 24/64"
Actual Prod. During Test 192 Bbls.	Oil-Bbls. 192	Water-Bbls. ---	Gas-MCF 302

GAS WELL

Corr. Gvty: 36.1°

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

10-17-78

(Date)

OIL CONSERVATION COMMISSION

OCT 15 1978

APPROVED _____, 19

BY ~~SUPERVISOR DISTRICT I~~
TITLE ~~SUPERVISOR DISTRICT I~~

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.