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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-105
Effective 1-1-65

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

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.
Hugh	14	Wantz Granite Wash	State, Federal or Fee Fee	-
Location				
Unit Letter: G : 2310 Feet From The North Line and 1980 Feet From The East				
Line of Section 14 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)			
Shell Pipeline Corporation	P. O. Box 1910, 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.	Pge.
	C	14	22S	37E
Is gas actually connected?	When			
Yes	12-18-78			

If this production is commingled with that from any other lease or pool, give commingling order number: PC-516

IV. COMPLETION DATA

Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'y.	Diff. Res'y.
		X		X					
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.E.T.D.			
11-8-78	12-17-78		7551'			7505'			
Elevations (DF, RAB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay			Tubing Depth			
3330' C	Granite Wash		7340'			7283'			
Perforations						Depth Casing Shoe			
7340' - 7467'						-			
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE		CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12- 7/4"		8-5/8" - 24.00#		1087'		500 - Circ			
7- 7/8"		5-1/2" - 15.50#		7551'		1780 - Circ			

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.)	
12-17-78	12-27-78	Flowing	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24 hours	100#	-	20/64"
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF
80 barrels	80	0	122

GAS WELL

Corrected Gravity 38.3°

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

Area Engineer

12-28-78

(Date)

OIL CONSERVATION COMMISSION

APPROVED: 12-29-1978, 19

BY: [Signature]

TITLE: SUPERVISOR DISTRICT

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 allowable on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of ownership, 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.