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

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-101 and C-1
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 ☒ Change in Transporter of:
Recompletion ☐ Oil ☐ Dry Gas ☐
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐

Other (Please explain)

New Well; request temporary permission to commingle @ TB w/lse prod from Drinkard, Blinebry, Tubb, Brunson Abo So., & Brunson Ellenberger So. pools under Order PC-132

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Scarborough Estate	Well No. 9	Pool Name, Including Formation Brunson Granite Wash South	Kind of Lease State, Federal or Fee	Fee --	Lease No. --
Location Unit Letter <u>G</u> : <u>1750</u> Feet From The <u>North</u> Line and <u>1980</u> Feet From The <u>East</u> Line of Section <u>31</u> Township <u>22S</u> Range <u>38E</u> , NMPM, Lea County					

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐ Texas-New Mexico Pipeline Co.	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1510, Midland, TX 79701					
Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐ Warren Petroleum Corporation	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1589, Tulsa, OK 74100					
If well produces oil or liquids, give location of tanks.	Unit G	Sec. 31	Twp. 22S	Range 38E	Is gas actually connected? Yes	When 10-19-79

If this production is commingled with that from any other lease or pool, give commingling order number: PC-132

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Stucc Rest.	Unif. Rest.
8-6-79	XX		XX					
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
8-6-79	9-7-79		7666'		7638'			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
3336' GL	Granite Wash		7237'		7391'			
Perforations 7237-39'; 7258-60'; 6278-80'; 7329-31'; 7341-43'; 7392-94'					Depth Casing Shoe --			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12 1/2"	8-5/8" 24#		1212'		700 sx - circulated			
7-7/8"	5 1/2" 15.5 & 17#		7666'		2180 sx - circulated			
	2-3/8" tbg		7391'					

V. TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of lead 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 9-7-79	Date of Test 10-19-79	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 24 hours	Tubing Pressure 25#	Casing Pressure 25#	Choke Size 2" w/o
Actual Prod. During Test 47	Oil-Bbls. 45	Water-Bbls. 2	Gas-MCF 51

API Gvty = 39.4°

GAS WELL

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

N. B. Sikes, Jr.
(Signature)

Area Engineer
(Title)

10-22-79
(Date)

OIL CONSERVATION COMMISSION
OCT 23 1979

APPROVED _____, 19

BY [Signature]
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 deviate tests taken on the well in accordance with RULE 111.

All portions 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.