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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

Gulf Oil Corp.
Address: *P.O. Box 670, Hobbs, NM 88240*

Reason(s) for filing (check proper box)	Other (Please explain)
New Well ☒	<i>New Well</i>
Incompletion ☐	
Change in Ownership ☐	
Change in Transporter of Oil ☐	
Oil ☐	Dry Gas ☐
Casinghead Gas ☐	Condensate ☐

If change of ownership give name and address of previous owner

DESCRIPTION OF WELL AND LEASE

Well Name	Well No.	Pool Name, including Formation	Kind of Lease	Lease No.
<i>Urvian</i>	<i>13</i>	<i>Subb</i>	State, Federal or Fee <i>Fee</i>	
Location	Unit Letter <i>F</i>	Feet From The <i>North</i> Line and <i>1962</i> Feet From The <i>West</i>	Line of Section <i>30</i>	Township <i>22S</i>
		Range <i>38E</i>	NMPH, <i>Lea</i>	County

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)
<i>New Mexico Pipeline</i>	<i>Box 60028, San Angelo, TX 76906</i>
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☒	Address (Give address to which approved copy of this form is to be sent)
<i>Northern Natural Gas Co.</i>	<i>Box 308, Omaha, Nebraska 68101</i>
Well produces oil or liquids, give location of tanks.	Is gas actually connected? When
Unit Sec. Twp. Rge. <i>C 30 22S 38E</i>	<i>No</i>

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

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Shut-in Resv.	Prod. Resv.
		☒	☒					
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.D.T.D.					
<i>6-26-84</i>	<i>8-10-84</i>	<i>6300'</i>	<i>6250'</i>					
Elevations (OF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
<i>33.36' GL</i>	<i>Subb</i>	<i>5972'</i>	<i>5946'</i>					
Perforations			Depth Casing Shoe					
<i>5972' - 6233'</i>								

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
<i>14 3/4"</i>	<i>10 3/4"</i>	<i>1162'</i>	<i>1000</i>
<i>9 1/2"</i>	<i>7"</i>	<i>6282'</i>	<i>2530</i>

TEST DATA AND REQUEST FOR ALLOWABLE (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)

Days First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

TEST WELL

Actual Prod. Test - MCF/24	Length of Test	Bbls. Condensate/MCF	Gravity of Condensate
<i>460</i>	<i>24 hrs</i>	<i>0</i>	<i>0</i>
Testing Method (front, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size
<i>flow</i>	<i>540#</i>	<i>0</i>	<i>14/64</i>

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 here is true and complete to the best of my knowledge and belief.

RR Pitre
(Signature)
AREA ENGINEER
(Title)
9-4-84
(Date)

OIL CONSERVATION COMMISSION

APPROVED *NOV - 5 1984*, 19

BY *ORIGINAL SIGNED BY JERRY SEXTON*
DISTRICT SUPERVISOR

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 deviator logs taken on the well in accordance with RULE 111.
All portions of this form must be filled out completely for allowable on new and re-completed wells.
Fill out only Sections I, II, III, and VI for change of owner, well name or number, or transporter, or other such change of condition.