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

Form C-104
Superseding Old C-104 and C-110
Effective 1-1-65

MAY 10 11 28 AM '68

Operator Gulf Oil Corporation	
Address P. O. Box 980, Kermit, Texas 79745	
Reason(s) for filing (Check proper box)	Other (Please explain)
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"/>

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name M. K. Stewart	Well No. 4	Pool Name, Including Formation Teague Blinebry	Kind of Lease State, Federal or Fee Federal LC	Lease No. 057420
Location				
Unit Letter I ; 1980 Feet From The South Line and 660 Feet From The East				
Line of Section 28 Township 23S Range 37E , NMPM, Lee 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)					
Permian Corporation	P. O. Box 3119, Midland, Texas 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)					
El Paso Natural Gas Company	P. O. Box 1384, Jal, New Mexico 88252					
If well produces oil or liquids, give location of tanks.	Unit P	Sec. 28	Twp. 23S	Rge. 37E	Is gas actually connected? No - pending	When

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 <input checked="" type="checkbox"/>	Gas Well	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded 4-2-68	Date Compl. Ready to Prod. 4-25-68	Total Depth 6277'		P.B.T.D. 6211'				
Elevations (DF, RKB, RT, GR, etc.) 3314' RKB	Name of Producing Formation Teague Blinebry	Top Oil/Gas Pay 5408'		Tubing Depth 5797'				
Perforations 5408-10'; 5458-60'; 5618-20'; 5764-66'				Depth Casing Shoe 6275'				
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
11"	8-5/8" 24#		891'		340 cirs			
7-7/8"	5-1/2" 15.50#		6275'		510			
	2-3/8" 4.70#		5797'		--			

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 4-26-68	Date of Test 5-8-68	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 18 hrs.	Tubing Pressure 50#	Casing Pressure ---	Choke Size ---
Actual Prod. During Test 265	Oil-Bbls. 193	Water-Bbls. 72	Gas-MCF 52

GAS WELL Well produced 389 bbls oil prior to test.

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.


(Signature) **H. F. Swannack**

Area Production Manager
(Title)

May 9, 1968
(Date)

OIL CONSERVATION COMMISSION

APPROVED

BY

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 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 multiply completed wells.

3000

82' NA 85 11 01 YAM