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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
Supersedes Old C-104 and C-110
Effective 1-1-65

NO. 885 OFFICE O. O. O.
JAN 18 11 42 AM '66

Operator Gulf Oil Corporation	
Address P. O. Box 980, Kermit, Texas	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input type="checkbox"/>	Change in Transporter of:
Recompletion <input checked="" 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"/>
Please cancel Fowler Tubb-Drinkard allow.	

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Lillie	Well No. 2	Pool Name, including Formation Fowler Blinebry	Kind of Lease Fee
Location Fowler Blinebry R-3051			
Unit Letter D	697 Feet From The North	Line and 568	Feet From The West
Line of Section 23	Township 24S	Range 37E	NMPM, 1A 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, Texas		
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	P. O. Box 1304, Jal, New Mexico		
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp. Rge.
	E	23	24S 37E
Is gas actually connected?	When		
Yes	1-15-66		

If this production is commingled with that from any other lease or pool, give commingling order number: **Not commingled**

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
	X			X		X		X
Date Spudded --	Date Compl. Ready to Prod. 1-15-66	Total Depth 7784'	P.B.T.D. 6170					
Pool Fowler	Name of Producing Formation Blinebry	Top Oil/Gas Pay 5386'	Tubing Depth 5342'					
Perforations 5596-5386'			Depth Casing Shoe 6883'					
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
18"	13 3/8" 48# H-40		338		385 sx			
11"	8 5/8" 32# J-55		3585		2375 sx			
7 7/8"	7" 23# N-80		6883		200 sx			
Tubing	2 3/8" 4.70# J-55		5342		--			

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 1-15-66	Date of Test 1-16-66	Producing Method (Flow, pump, gas lift, etc.) Flow	
Length of Test 24 hrs.	Tubing Pressure 1100 psi	Casing Pressure 1600 psi	Choke Size 12/64"
Actual Prod. During Test 163	Oil-Bbls. 163	Water-Bbls. 0	Gas-MCF 384

GAS WELL Please make allowable effective 1-15-66

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure	Casing Pressure	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.

W. W. Whitaker
(Signature)

Area Petroleum Engineer
(Title)

January 18, 1966
(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 Sections I, II, III, and VI only 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.