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U.S.G.S.
LAND OFFICE
TRANSPORTER OIL
GAS
OPERATOR
PRORATION 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-110
Effective 1-1-65
O.C.C.

MAR 21 11 55 AM '67

I. **Gulf Oil Corporation**
Address **P. O. Box 980, Kermit, Texas 79745**
Reason(s) for filing (Check proper box) Other (Please explain)
New Well ☐ Change in Transporter of ☐
Existing Well ☐ Oil ☒ Dry Gas ☐ **Effective Date 4-1-67**
Transporter ☐ Casinghead Gas ☐ Condensate ☐

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name **W. A. Ramsay NCT-C** Well No. **3** Pool Name, including Formation **North Justis (Fusselman)** Kind of Lease **State**
Location **Unit Letter L** **330** Feet From The **West** Line and **1650** Feet From The **South**
Line of Section **36** Township **24S** Range **37E** N.M.P.M. **Lea** County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐
Shell Pipe Line Corporation Address (Give address to which approved copy of this form is to be sent) **P. O. Box 1910, Midland, Texas 79704**
Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐
El Paso Natural Gas Company Address (Give address to which approved copy of this form is to be sent) **P. O. Box 1384, Jal, New Mexico 88252**
If well produces oil or it produces **Unit** **Sec.** **Twp.** **Rge.** Is gas actually connected? **When**
L **36** **24S** **37E** **Yes** **3-1-62**

If this production is commingled with that from any other lease or pool, give commingling order number: **PC-134** **3-20-63**

IV. COMPLETION DATA

Designate Type of Completion - (X)
Date Drilled Date Compl. Ready to Prod. Total Depth **PERFID.**
Name of Producing Formation Top Oil/Gas Pay Tubing Depth
Depth Casing Shoe

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

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)

Time First New / Shut In Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Flow During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

GAS WELL

Actual Flow Test-MCF	Length of Test	Bbls. Condensate-MCF	Gravity of Condensate
Flowing Rate (pitot, back pr.)	Tubing Pressure	Casing Pressure	Choke Size

VI. CERTIFICATE OF COMPLIANCE

OIL CONSERVATION COMMISSION

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.

APPROVED **19**
BY **John A. Ramsey**
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.

Area Engineer

(Signature)

C. E. Fidler

(Title)

March 20, 1967

(Date)