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

Form C-114  
Supersedes Old C-104 and C-110  
Effective 1-1-66

APR 11 1967

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

If change of ownership give name  
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name <b>W. A. Ramsay NCT-C</b>	Well No. Pool Name, Including Formation <b>2 North Justis (McKee)</b>	Kind of Lease State, Federal or Fee <b>State</b>
Location Unit Letter <b>M</b> Feet From The <b>330</b> <b>South</b> Line and <b>330</b> Feet From The <b>West</b> Line of Section <b>36</b> Township <b>24S</b> Range <b>37E</b> , NMPM, <b>Lea</b> 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"/> <b>Shell Pipe Line Corporation</b>	Address (Give address to which approved copy of this form is to be sent) <b>P. O. Box 1910, Midland, Texas 79704</b>	
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> <b>El Paso Natural Gas Company</b>	Address (Give address to which approved copy of this form is to be sent) <b>P. O. Box 1384, Jal, New Mexico 88252</b>	
If well produces oil or liquids, give location of tanks. Unit <b>L</b> Sec. <b>36</b> Twp. <b>24S</b> Rge. <b>37E</b>	Is gas actually connected? <b>Yes</b>	When <b>3-1-62</b>

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)	Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> New Well <input type="checkbox"/> Workover <input type="checkbox"/> Deepen <input type="checkbox"/> Plug Back <input type="checkbox"/> Side Res'v. <input type="checkbox"/> Diff. Res'v. <input type="checkbox"/>		
Date Started	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
Well	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
Perforations	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 Flow Oil From To Casing	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Location of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Flow Learning Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

GAS WELL

Actual First Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Producing Method (pilot, 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.

OIL CONSERVATION COMMISSION  
APPROVED \_\_\_\_\_, 19  
BY **C. E. Fidler**  
TITLE \_\_\_\_\_

**Area Engineer**

**March 20, 1967**

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.

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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

MAR 21 11 49 AM '67

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

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name <b>W. A. Ramsay NCT-C</b>	Well No. <b>2</b>	Pool Name, including Formation <b>North Justis (Ellenburger)</b>	Kind of Lease State, Federal or Fee <b>State</b>
Location Unit Letter <b>M</b> Section <b>330</b> Feet From The <b>South</b> Line and <b>330</b> Feet From The <b>West</b> Line of Section <b>36</b> , Township <b>24S</b> , Range <b>37E</b> , N.M.P.M., <b>Lea</b> 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"/> <b>Shell Pipe Line Corporation</b>	Address (Give address to which approved copy of this form is to be sent) <b>P. O. Box 1910, Midland, Texas 79704</b>		
Name of Authorized Transporter of Gashead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> <b>El Paso Natural Gas Company</b>	Address (Give address to which approved copy of this form is to be sent) <b>P. O. Box 1384, Jal., New Mexico 88252</b>		
If well produces oil or liquids, give formation of same. Unit <b>L</b> Sec. <b>36</b> Twp. <b>24S</b> Rge. <b>37E</b>	Is gas actually connected? <b>Yes</b>	When <b>3-1-62</b>	

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)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
Yield	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
Perforations					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)

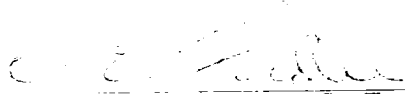
Date First New Oil Test - P. Bore	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

GAS WELL

Actual Prod. Test-MCF/C	Length of Test	Bbls. Condensate/MCF	Gravity of Condensate
Commingled Prod. (If not, 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.

  
(Signature) **C. E. Fidler**

**Area Engineer**

(Title)

**March 20, 1967**

(Date)

OIL CONSERVATION COMMISSION

APPROVED \_\_\_\_\_ 19\_\_

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.

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