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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

JUL 26 9 14 AM '65

AUG 3 11 29 AM '65

ILLEGIBLE

I. Operator **Gulf Oil Corporation**
 Address **P. O. Box 980, Kermit, Texas**
 Reason(s) for filing (Check proper box)
 New Well Change in Transporter of:
 Recompletion Oil Dry Gas
 Change in Ownership Casinghead Gas Condensate

If change of ownership give name and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name Learcy McBuffington	Well No. 4	Pool Name, including Formation Justis Blinebry	Kind of Lease State, Federal or Fee Fee
Location Unit Letter N , 660 Feet From The South Line and 1980 Feet From The West Line of Section 13 , Township 25-S Range 37-E , NMPM, Lea 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"/> Texas-New Mexico Pipe Line Company	Address (Give address to which approved copy of this form is to be sent) Box 1510, Midland, Texas
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> El Paso Natural Gas Company	Address (Give address to which approved copy of this form is to be sent) Box 1384, Jal, New Mexico
If well produces oil or liquids, give location of tanks. Unit N Sec. 13 Twp. 25-S Rge. 37-E	Is gas actually connected? Yes When _____

If this production is commingled with that from any other lease or pool, give commingling order number: **R-1093-C**

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well	New Well	Workover <input checked="" type="checkbox"/>	Deepen	Plug Back <input checked="" type="checkbox"/>	Same Res'v.	Diff. Res'v.
Date Spudded	Date Compl. Ready to Prod. 7-21-65	Total Depth 8264	P.B.T.D. 5841					
Pool Justis	Name of Producing Formation Blinebry	Top Oil/Gas Pay 5458	Tubing Depth 5411					
Perforations 5458-60' - 5477-79' & 5547-49' w/4 0.7 JHPF								
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
17-1/2	13-3/8"	410	500					
12-1/4	9-5/8"	3449	2200					
8-3/4	7"	8230	1250					
	2-7/8" tubing	5411'	---					

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 7-20-65	Date of Test 7-21-65	Producing Method (Flow, pump, gas lift, etc.) Flow	
Length of Test 24 hours	Tubing Pressure 1140	Casing Pressure Packer	Choke Size 14/64
Actual Prod. During Test 162 bbls.	Oil-Bbls. 162	Water-Bbls. 0	Gas-MCF 462

GAS WELL Please make allowable effective 7-20-65

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.

OIL CONSERVATION COMMISSION

APPROVED _____, 19 _____

BY _____

TITLE _____

M. M. Whitaker
 (Signature)

Area Engineer
 (Title)

July 23, 1965
 (Date)

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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