

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND

Form C-104
Supersedes Old C-104 and C-1
Effective 1-1-85

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

DISTRIBUTION		
SA T A F E		
F I E		
G.S.		
NO OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OFFICE		

I. Operator
Gulf Oil Corporation
Address
P. O. Box 670, Hobbs, New Mexico 88240
Reason(s) for filing (Check proper box)
New Well ☐ Change in Transporter of:
Recompletion ☒ Oil ☐ Dry Gas ☐
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐
Other (Please explain)
Abandoned Justis Ellenburger and
recompleted in Justis Tubb Drinkard
If change of ownership give name
and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name Learcy McBuffington	Well No. 11	Pool Name, including Formation Justis Tubb Drinkard	Kind of Lease State, Federal or Fee	Fee	Lease No.
Location Unit Letter <u>P</u> : <u>660</u> Feet From The <u>south</u> Line and <u>990</u> Feet From The <u>east</u> Line of Section <u>13</u> Township <u>25S</u> Range <u>37E</u> , NMPM, <u>Lea</u> 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 Co.	Address (Give address to which approved copy of this form is to be sent) Box 1510, Midland, TX 79701					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> El Paso Natural Gas Co.	Address (Give address to which approved copy of this form is to be sent) Box 1384, Jal, N.M. 88252					
If well produces oil or liquids, give location of tanks.	Unit N	Sec. 13	Twp. 25S	Pge. 37E	Is gas actually connected? Yes	When Unknown

If this production is commingled with that from any other lease or pool, give commingling order number: PC-283

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.
Recompleted	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>
Date Spudded 4-15-75	Date Compl. Ready to Prod. 4-18-75		Total Depth 8201'		P.B.T.D. 7222'			
Elevations (DF, RKB, RT, GR, etc.) 3068' GL	Name of Producing Formation Drinkard		Top Oil/Gas Pay 5716'		Tubing Depth 5883'			
Perforations 5716-18', 5746-48', 5768-70', 5814-16', 5844-46' & 5882-84'					Depth Casing Shoe 8201'			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17-1/2"	13-3/8"		416'		450			
12-1/4"	9-5/8"		3500'		1825			
8-3/4"	7"		8201'		670			
	2-3/8"		5883'					

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 4-18-75	Date of Test 4-24-75	Producing Method (Flow, pump, gas lift, etc.) Flow	
Length of Test 24 hours	Tubing Pressure 110#	Casing Pressure 525#	Choke Size 18/64"
Actual Prod. During Test 53	Oil-Bbls. 35	Water-Bbls. 18	Gas-MCF —

GAS WELL

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

B. Bankias
(Signature)

Area Engineer

(Title)

4-25-75

(Date)

OIL CONSERVATION COMMISSION

APPROVED APR 28 1975, 19

BY [Signature]
TITLE SUPERVISOR DISTRICT

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.