

1/ DISTRIBUTION
OFFICE
FILE
CITY
COUNTY
STATE
ZIP
OPERATOR
PRODUCTION 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

Operator
Gulf Oil Corporation
Address
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)
Dualled Justis Tubb Drinkard with existing Justis Blinebry, MC-1080-A
If change of ownership give name and address of previous owner

I. DESCRIPTION OF WELL AND LEASE
Lease Name **Arnott-Ramsay (NCT-F)** Well No. **9** Pool Name, including Formation **Justis Tubb Drinkard** Kind of Lease **State, Federal or Fee** State **State** Lease No. **B-229**
Location
Unit Letter **B** **330** Feet From The **North** Line and **1650** Feet From The **East**
Line of Section **36** Township **25-S** Range **37-E**, NMCM, **Lea** County

II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS
Name of Authorized Transporter of Oil ☒ or Condensate ☐ Address (Give address to which approved copy of this form is to be sent)
Texas-New Mexico Pipeline Company **Box 1510, Midland, Texas 79701**
Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐ Address (Give address to which approved copy of this form is to be sent)
El Paso Natural Gas Company **Box 1384, Jal, New Mexico 88252**
Is gas actually connected? ☒ When **9-7-73**
If well produces oil or liquids, give location of tanks. Unit **A** Sec. **36** Twp. **25-S** Rge. **37-E** Yes ☒ No ☐

If this production is commingled with that from any other lease or pool, give commingling order number: **PC-9**

V. COMPLETION DATA
Designate Type of Completion - (X) ☒ Oil Well ☐ Gas Well ☐ New Well ☐ Workover ☐ Deepen ☒ Plug Back ☐ Same Rest'v. ☐ Diff. Rest'v. ☒
Date ~~XXXX~~ Recompleted **9-7-73** Date Compl. Ready to Prod. **9-7-73** Total Depth **6950'** P.B.T.D. **6782'**
Elevations (DF, RKB, RT, GR, etc.) **3044' GL** Name of Producing Formation **Justis Tubb Drk** Top Oil/ Gas Pay **5698'** Tubing Depth **5650'**
Perforations **5698' to 5898'** Depth Casing Shoe **6950'**
TUBING, CASING, AND CEMENTING RECORD
HOLE SIZE CASING & TUBING SIZE DEPTH SET SACKS CEMENT
12-1/4" **9-5/8"** **878'** **420 sacks (Circulated)**
8-3/4" **7"** **6950'** **935 sacks (TOC at 3000')**
2-3/8" **5650'**

VI. 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 **8-7-73** Date of Test **9-13-73** Producing Method (Flow, pump, gas lift, etc.) **Pump**
Length of Test **24 hours** Tubing Pressure **--** Casing Pressure **--** Choke Size **2"**
Actual Prod. During Test **149 barrels** Oil-Bbls. **50** Water-Bbls. **99** Gas-MCF **--**

GAS WELL
Actual Prod. Test-MCF/D **---** Length of Test **---** Bbls. Condensate/MMCF **---** Gravity of Condensate **---**
Testing Method (pitot, back pr.) **---** Tubing Pressure (Shut-in) **---** Casing Pressure (Shut-in) **---** Choke Size **---**

I. 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.
H. J. Brazzale
Area Engineer (Signature)
Area Engineer (Title)
September 13, 1973 (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.
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.
Separate Forms C-104 must be filed for each pool in multiply completed wells.