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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 1-1-64

APR 11 1967

I. **Gulf Oil Corporation**
Address
P. O. Box 980, Kermit, Texas 79745
Reasons for filing (Check proper box) Other (Please explain)
New Well ☐ Damage to Transporter ☐
Recompletion ☐ Oil ☒ Dry Gas ☐
Transporter ☐ Gas ☐ 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 **W. A. Ramsey NCT-C** Well No. **4** Pool Name, including Formation **North Justis (Montoya)** Kind of Lease **State**
Location
Unit Corner **M** **330** Feet From The **South** Line and **430** Feet From Line **West**
Section **36** Township **24S** Range **37E** , **10NPM** , **Lea** County

III. 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)
Shell Pipe Line Corporation **P. O. Box 1910, Midland, Texas 79704**
Name of Authorized Transporter of Gas/liquid Gas ☒ or Dry Gas ☐ Address (Give address to which approved copy of this form is to be sent)
El Paso Natural Gas Company **P. O. Box 1384, Jal, New Mexico 88252**
If well produces oil or liquids, how many bbls. per day Unit Sec. Twp. Rge. Is gas retically 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)
Oil Well Gas Well New Well Workover Deepen Plug Back Same Res'v. Diff. Res'v.
Date Completed Date Compl. Ready to Prod. Total Depth F.R.T.D.
Name of Producing Formation Top of This Pay Taking 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)
Flow Rate (bbls. per day) Date of Test Producing Method (Flow, pump, gas lift, etc.)
Length of Test Taking Pressure Casing Pressure Choke Size
A. Test for Water Test Oil-Bbls. Water-Bbls. Gas-MCF
GAS WELL
A. Test for Gas Test-MCF Length of Test Bbls. Condensate/MCF Gravity of Condensate
Flow Rate (bbls. per day) Taking 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.
C. E. Fidler
Area Engineer
March 20, 1967
OIL CONSERVATION COMMISSION
APPROVED BY **C. E. Fidler** 19
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.

100-443204-104

I.

Filer's Name Gulf Oil Corporation	
Address P. O. Box 980, Kermit, Texas 79745	
Reason(s) for Filing (Check proper box)	Other (Please explain)
New Well <input type="checkbox"/>	Change in Terms; Interpretation <input type="checkbox"/> Oil <input checked="" type="checkbox"/> Effective Date 4-1-67 Dry Gas <input type="checkbox"/> Gasinherd Gas <input type="checkbox"/> Contents ne
Reopening <input type="checkbox"/>	
Change in Ownership <input type="checkbox"/>	

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., Pool Name, Including Formation 4 North Justis (Fusselman)		Kind of Lease State, Federal or Free State	
Location					
Section M 330		Feet From The South Line and 430		Feet From The West	
Line of Section 36		Township 24S		Range 37E , NMPM, Lea County	

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Description of Tank Car or Pipeline or Airplane Gas					Address (Give address to which approved copy of this form is to be sent)	
Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>					P. O. Box 1910, Midland, Texas 79704	
Name of Authorized Transporter of Gashead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>					Address (Give address to which approved copy of this form is to be sent)	
El Paso Natural Gas Company					P. O. Box 1384, Jal, New Mexico 88252	
Is well connected to pipelines, gas distribution lines.	Light	Sec.	Exp.	Age.	Is gas actually connected?	When
	L	36	245	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)			
Oil Well	Gas Well	New Well	Workover
Deepen	Plug Back	Same Hest'y.	Diff. Hest'y.
Date Started	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
Loc.	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.)

Rate-First Flow (oil or br. tanks)	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Annual Production during Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

GAS WELL

Article or Test-Material	Length of Test	Pris. Condensate/AMCF	Gravity of Condensate
Contin. Meth. 1 (pit ot. back pr.)	Tubing Pressure	Tubing 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 SA [Signature]

TITLE _____

This form is to be filed in compliance with RULE 1104.

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Separate Forms C-104 must be filed for each pool in multiply completed wells.

Area Engineer

March 20, 1967

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

(Title)

Albino .