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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL GAS
OPERATOR	
PRORATION OFFICE	

NEW MEXICO OIL CONSERVATION COMMISS.  
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 <b>Gulf Oil Corporation</b>	
Address <b>Box 670, Hobbs, New Mexico 88240</b>	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input type="checkbox"/>	<b>Change in lease name and well number. (Was Gulf's Plains Knight No. 4) Effective 4-1-71</b>
Recompletion <input type="checkbox"/>	
Change in Ownership <input type="checkbox"/>	
Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	
If change of ownership give name and address of previous owner	

Lease Name <b>Bertha</b>	Well No. <b>2</b>	Pool Name, Including Formation <b>Fowler Upper Yase</b>	Kind of Lease State, Federal or Fee <b>Fee</b>
Location Unit Letter <b>M</b> ; <b>510</b> Feet From The <b>South</b> Line and <b>660</b> Feet From The <b>West</b> Line of Section <b>23</b> , Township <b>24-S</b> Range <b>37-E</b> , NMPM, <b>Lea</b> County			

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>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>Box 1384, Jal, New Mexico 88252</b>	
If well produces oil or liquids, give location of tanks.	Unit <b>K</b>	Sec. <b>23</b>	Twp. <b>24S</b>
	Rge. <b>37E</b>	Is gas actually connected? <b>Yes</b>	When <b>Unknown</b>

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

Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'tv.	Diff. Res'tv.
Date Spudded	Date Compl. Ready to Prod.	Total Depth			P.B.T.D.				
Pool	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 Run To Tanks	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/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure	Casing Pressure	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.	
ORIGINAL SIGNED BY <b>C. D. BORLAND</b>	
(Signature)	
<b>Area Production Manager</b>	
(Title)	
<b>APRIL 15, 1971</b>	
(Date)	

OIL CONSERVATION COMMISSION <b>APR 20 1971</b>	
APPROVED	, 19
BY	<b>SUPERVISOR DISTRICT 9</b>
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.	

161-10000

10-27-71

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OIL CONSERVATION COMM.  
HOBBS, N. M.