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TRANSPORTER	OIL	
	GAS	
OPERATOR		
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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 P. O. Box 980, Kermit, Texas 79745	
Reason(s) for filing (Check proper box)	
New Well <input checked="" type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE		Fowler-Upper Yeso R-3987	
Lease Name Plains Knight	Well No. 4	Pool Name, including Formation -Fowler Blinebry	Kind of Lease State, Federal or Fee Fee
Location			
Unit Letter N	510	Feet From The South	Line and 660
Line of Section 23		Township 24S	Range 37E
		NMPM, Lee	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"/> Shell Pipe Line Corporation	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1910, Midland, Texas 79704					
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) P. O. Box 1384, Jal, New Mexico 88252					
If well produces oil or liquids, give location of tanks.	Unit K	Sec. 23	Twp. 24S	Rge. 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:

V. COMPLETION DATA	
Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> New Well <input checked="" type="checkbox"/> Workover <input type="checkbox"/> Deepen <input type="checkbox"/> Plug Back <input type="checkbox"/> Same Res'v. <input type="checkbox"/> Diff. Res'v. <input type="checkbox"/>
Date Spudded 7-31-68	Date Compl. Ready to Prod. 8-23-68
Elevations (DF, RKB, RT, GR, etc.) 3227 RKB	Name of Producing Formation Blinebry
Perforations 5352-54, 5425-27, 5477-79, 5531-33, 5577-79, 5621-23, 5677-79	Top Oil/Gas Pay 5352'
TUBING, CASING, AND CEMENTING RECORD	
HOLE SIZE 12-1/4" 7-7/8"	CASING & TUBING SIZE 8-5/8" 24.00# 5-1/2" 15.50#
DEPTH SET 1039' 5772'	
SACKS CEMENT 525 ex Class C 700 ex Incon	

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 8-23-68	Date of Test 8-25-68
Length of Test 24	Producing Method (Flow, pump, gas lift, etc.) Flow
Actual Prod. During Test 223	Tubing Pressure 350
	Casing Pressure 1125
	Choke Size 18/64"
	Oil-Bbls. 163
	Water-Bbls. 60
	Gas-MCF 148

GAS WELL Produced 80 BO prior to this test.	
Actual Prod. Test-MCF/D	Length of Test
Testing Method (pitot, back pr.)	Tubing Pressure (shut-in)
	Bbls. Condensate/MMCF
	Gravity of Condensate
	Casing Pressure (Shut-in)
	Choke Size

VII. 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. F. Swannack	
(Signature)	H. F. Swannack
Area Production Manager	
(Title)	
8-26-68	
(Date)	

OIL CONSERVATION COMMISSION	
APPROVED	
BY Leslie H. Clements	
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.	