

DISTRIBUTION			
SA	TA	FE	
FILE			
G.S.			
ND	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 1-1-85

I. 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 ☐ New Well
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐
Other (Please explain)
DATE WHEN GAS MUST NOT BE
12/1/75
BOX TO 4470

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
<u>Arnott-Ramsay (NCT-E)</u>	<u>6</u>	<u>Jalpat Yates Seven Rivers</u>	State, Federal or Fee <u>State</u>	<u>B-229</u>
Location				
Unit Letter <u>K</u>	<u>2310</u> Feet From The <u>South</u> Line and <u>2310</u> Feet From The <u>West</u>			
Line of Section <u>16</u>	Township <u>25-S</u>	Range <u>37-E</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"/>	Address (Give address to which approved copy of this form is to be sent)					
<u>The Permian Corporation</u>	<u>Box 3119, Midland, Texas 79701</u>					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
<u>None - Waiting on tank battery construction</u>						
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	<u>K</u>	<u>16</u>	<u>25-S</u>	<u>37-E</u>	<u>No</u>	

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

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
<u>XX</u>	<u>XX</u>							
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
<u>6-7-75</u>	<u>9-17-75</u>	<u>3817'</u>	<u>3357'</u>					
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
<u>3098' GL</u>	<u>Yates</u>	<u>2929'</u>	<u>2908'</u>					
Perforations	Depth Casing Shoe							
<u>2929-3030'</u>	<u>3817'</u>							
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
<u>11"</u>	<u>8-5/8"</u>	<u>1120'</u>	<u>435 sacks (Circulated)</u>					
<u>7-7/8"</u>	<u>4-1/2"</u>	<u>3817'</u>	<u>350 sacks (TOC at 2550')</u>					
	<u>2-3/8"</u>	<u>2908'</u>						

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.)	
<u>9-17-75</u>	<u>10-2-75</u>	<u>Flow</u>	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
<u>24 hours</u>	<u>60#</u>	<u>--</u>	<u>3/4"</u>
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF
<u>18 barrels</u>	<u>18</u>	<u>0</u>	<u>444.0</u>

GAS WELL

Corrected Gravity 30.6

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

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.

D. F. Berlin
(Signature)

Area Engineer
(Title)

October 2, 1975
(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19____
BY John W. Runyan
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.