

DISTRIBUTION			
SA	TA	FE	
FI	E		
	G.S.		
	ID	OFFICE	
TRANSPORTER	OIL		
	GAS		
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

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 ☐

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.
Arnott-Ramsay (NCT-E)	13	Justis Tubb Drinkard	State, Federal or Fee State	B-229
Location				
Unit Letter	H	2310 Feet From The North	Line and 330 Feet From The East	
Line of Section	36	Township 25-S	Range 37-E, NMPM,	Lea 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)					
Texas-New Mexico Pipeline Company	Box 1510, Midland, Texas 79701					
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)					
El Paso Natural Gas Company	Box 1384, Jal, New Mexico 88252					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is unit directly connected?	When
	A	36	25-S	37-E	Yes	Unknown

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

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	Flow Test	Workover	Deepen	Perforations	Depth	Depth	Diff. Res'y.
	XX		XX						
Date Spudded	Date Compl. Ready to Prod.		Perforations		Flow Test		Perforations		
6-6-75	9-29-75		6996'		6890'				
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Perforations		Flow Test		Perforations		
3034' GL	Drinkard		5676'		5892'				
Perforations					Depth		Perforations		
5676' to 5888'					6996'				
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT				
12-1/4"	9-5/8"		850'		400 sacks (Circulated)				
8-3/4"	7"		6996'		910 sacks (TOC at 2000')				
	2-3/8"		5892'						

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.)	
9-29-75	10-9-75	Pump	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24 hours	--	--	2"
Actual Prod. During Test	Oil-Bbls.	Water-Cuts	Gas-MCF
240 barrels	63	177	--

GAS WELL

Corrected Gravity 38.2

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 14, 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.