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DEPARTMENT
SANTA FE
FILE
O.S.G.S.
LAND OFFICE
TRANSPORTER OIL GAS
OPERATOR
PROBATION 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-11
Effective 1-1-65

Operator
Gulfoil Corporation
Address
Box 670, Hobbs, N.M. 88240
Reason(s) for filing (Check proper box)
New Well ☐ Change in Transporter of: Oil ☐ Dry Gas ☐
Recompletion ☐ Casinghead Gas ☐ Condensate ☐
Change in Ownership ☐
Other (Please explain)
To show gas transporter
If change of ownership give name and address of previous owner

I. DESCRIPTION OF WELL AND LEASE
Lease Name: Arnott-Ramsay (NCT-E) Well No.: 7 Pool Name, Including Formation: Langlie-Matfix Kind of Lease: State, Federal or Fee State: B-229
Location
Unit Letter: P : 610 Feet From The south Line and 660 Feet From The east
Line of Section: 16 Township: 25S Range: 37E NMPM, Lea County

II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS
Name of Authorized Transporter of Oil (X) or Condensate ☐
The Permian Corporation Address (Give address to which approved copy of this form is to be sent)
Box 3119, Midland, Texas 79701
Name of Authorized Transporter of Casinghead Gas (X) or Dry Gas ☐
El Paso Natural Gas Company Address (Give address to which approved copy of this form is to be sent)
Box 1384, Jal, New Mexico 88252
If well produces oil or liquids, give location of tanks. Unit: P Sec.: 16 Twp.: 25S Rge.: 37E Is gas actually connected? Yes When: 6-2-77

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

III. COMPLETION DATA
Designate Type of Completion - (X) Oil Well Gas Well New Well Workover Deepen Plug Back Same Res'v. Diff. Res'v.
Date Spudded Date Compl. Ready to Prod. Total Depth P.B.T.D.
Elevations (DF, RKB, RT, GR, etc.) 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

IV. TEST DATA AND REQUEST FOR ALLOWABLE (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)
OIL WELL
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 (prior, back pr.) Tubing Pressure (shut-in) Casing Pressure (shut-in) 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.
D. F. Berlin
(Signature)
Area Engineer
(Title)
6-6-77
(Date)

OIL CONSERVATION COMMISSION
APPROVED _____, 19____
BY _____
Dist 1, Supv.
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 deviate tests taken on the well in accordance with RULE 111.
All portions of this form must be filled out completely for allowance 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 conditions.