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U.S.G.S.		
LAND 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-11
Effective 1-1-65

I. Operator
GULF OIL CORPORATION
Address
P. O. Box 670, Hobbs, New Mexico 88240
Reason(s) for filing (Check proper box)
New Well ☒ Designate
Recompletion ☐ Other (Please explain)
Change In Ownership ☐ NEW WELL
Casinghead Gas ☐ Dry Gas ☐
Condensate ☐

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Arnott-Ramsay (NCT-B)	Well No. 5	Pool Name, including Formation Langlie Mattix - Queen	Kind of Lease State, Federal or Fee	State	Lease No. B-229
Location Unit Letter 0 ; 330 Feet From The South Line and 1650 Feet From The East Line of Section 32 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"/> The Permian Corporation	Address (Give address to which approved copy of this form is to be sent) P. O. Box 3119, Midland, Texas 79701					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
If well produces oil or liquids, give location of tanks.	Unit 0	Sec. 32	Twp. 25S	Rge. 37E	Is gas actually connected? No	When

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 <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 12-20-78	Date Compl. Ready to Prod. 01-19-79		Total Depth 3500'		P.B.T.D. 3468'			
Elevations (DF, R&B, RT, GR, etc.) 2984' GL	Name of Producing Formation Queen		Top Oil/Gas Pay 3278'		Tubing Depth 3219'			
Perforations 3278' - 3420'					Depth Casing Shoe -			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
11"	8-5/8" - 24.0#		350'		200 - Circulated			
7-7/8"	4-1/2" - 9.5#		3498'		925 - TSITOC @ 940'			
	2-3/8"		3219'					

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 01-19-79	Date of Test 01-22-79	Producing Method (Flow, pump, gas lift, etc.) Flowing	
Length of Test 24 Hours	Tubing Pressure 100#	Casing Pressure -	Choke Size 18/64"
Actual Prod. During Test 63 Bbls	Oil-Bbls. 63	Water-Bbls. 0	Gas-MCF -

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, 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.

A. B. Sikes Jr.
(Signature)

Area Engineer
(Title)

01-29-79
(Date)

OIL CONSERVATION COMMISSION

APPROVED JAN 30 1979, 19

BY SUPERVISOR DISTRICT I

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.