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U.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-105
Effective 1-1-65

I. Operator
GULF OIL CORPORATION

CASINGHEAD GAS MUST NOT BE
FLARED AFTER 4/1/79
UNLESS AN EXCEPTION TO R-4076
IS OBTAINED.

Address
P. O. Box 670, Hobbs, NM 88240

Reason(s) for filing (Check proper box)

New Well ☒

Change In Transporter of:

Recompletion ☐

Oil ☐

Dry Gas ☐

Change In Ownership ☐

Casinghead Gas ☐

Condensate ☐

New Well

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. 4	Pool Name, Including Formation	Kind of Lease State, Federal or Fee	Lease No. B-229
Location Unit Letter D ; 330 Feet From The North Line and 330 Feet From The West Line of Section 32 Township 25-S Range 37-E, NMPL, 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) Box 3119, Midland, TX 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 D	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	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res't.	Diff. Res't.
Date Spudded 12-27-78	Date Compl. Ready to Prod. 2-1-79	Total Depth 3600'		P.B.T.D. 3556'					
Elevations (DF, RAB, RT, GR, etc.) 2999' GL	Name of Producing Formation Queen	Top Oil/Gas Pay 3301'		Tubing Depth 3307'					
Perforations 3301' - 3471'				Depth Casing Shoe -					
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE 12 1/4"	CASING & TUBING SIZE 8-5/8" - 24.0#		DEPTH SET 352'		SACKS CEMENT 275 - Circ				
7-7/8"	1 1/2" - 9.5#		3600'		675 - TSITC @ 1000'				
	2-3/8"		3307'						

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 2-1-79	Date of Test 2-7-79	Producing Method (Flow, pump, gas lift, etc.) Ppg	
Length of Test 9 hrs. 24	Tubing Pressure	Casing Pressure	Choke Size 2" WO
Actual Prod. During Test 265 Bbls	Oil - Bbls. 24 48	Water - Bbls. 241	Gas - MCF -

Corr Gvty: 31.4°

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.

Acting
Area Engineer

2-27-79

(Title)

(Date)

OIL CONSERVATION COMMISSION

APPROVED

BY

TITLE

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.