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FILE  
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-110  
Effective 1-1-65

Operator  
Gulf Oil Corporation  
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 ☐  
Other (Please explain)

If change of ownership give name and address of previous owner

DESCRIPTION OF WELL AND LEASE  
Lease Name  
Arnott Ramsay (NCT-B)  
Well No.  
10  
Pool Name, including Formation  
Langlie Mattix  
Kind of Lease  
State, Federal or Fee State  
Lease No.  
B-229  
Location  
Unit Letter F; 1980 Feet From The North Line and 1980 Feet From The West  
Line of Section 32 Township 25S Range 37E, NMPM, Lea County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS  
Name of Authorized Transporter of Oil ☒ or Condensate ☐  
Texas-New Mexico Pipeline Co.  
Box 1510, Midland, TX 79701  
Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐  
El Paso Natural Gas  
Box 1492, El Paso, TX 79999  
If well produces oil or liquids, give location of tanks.  
Unit 0 Sec. 32 Twp. 25S Rge. 37E  
Is gas actually connected? Yes When 10-10-80

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

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, CR, 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

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.)  
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 (pilot, back pr.) Tubing Pressure (Shut-in) Casing Pressure (Shut-in) Choke Size

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.  
R.D. Putne  
(Signature)  
Area Engineer  
(Title)  
1-6-81

OIL CONSERVATION COMMISSION  
APPROVED 10-10-81, 19  
BY Orig. Signed by Jerry Sexton  
TITLE Dist. 1. Supp.  
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.