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LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OFFICE		

NEW MEXICO OIL CONSERVATION COMMIS.
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-101 and C-11
Effective 1-1-65

Operator
Gulf Oil Corporation

Address
Box 670, Hobbs, New Mexico 88240

Reason(s) for filing (Check proper box)

New Well	☐	Change in Transporter of:			Other (Please explain)
Recompletion	☐	Oil ☐	Dry Gas ☐	Abandoned Fowler Devonian and completed in Fowler Upper Yeso. Well is on same proration unit as well No. 8
Change in Ownership	☐	Casinghead Gas ☐	Condensate ☐	

If change of ownership give name
and address of previous owner _____

DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease State, Federal or Fee	Lease No.
S. J. Carr	6	Fowler Upper Yeso	Fee	

Location

Unit Letter __L__ : __1650__ Feet From The __South__ Line and __660__ Feet From The __West__

Line of Section __10__ Township __24-S__ Range __37-E__ , NMPM, __Lea__ County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil [X] or Condensate ☐	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 [X] or Dry Gas ☐	Address (Give address to which approved copy of this form is to be sent)
El Paso Natural Gas Company	Box 1384, Jal, New Mexico 88240

If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Pge.	Is gas actually connected?	When
	L	10	24-S	37-E	Yes	October 13, 1976

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.
	XX					XX		XX

Date Completed	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
10-9-76	10-9-76	7615'	5700'

Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
3264' GL	Yeso	7271'	5210'

Perforations	Depth Casing Shoe
5271' to 5662'	7614'

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17-1/2"	13-3/8"	311'	500 sacks (Circulated)
11"	8-5/8"	3949'	2775 sacks (Circulated)
7-7/8"	5-1/2"	7614'	725 sacks (TOC at 3810')
	2-7/8"	5210'	

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.)
10-9-76	10-13-76	Flow

Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24 hours	180#	==	16/64"

Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF
475 barrels	154	321	--

GAS WELL.
Corrected Gravity 37.5

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

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.

O. F. Berlin
(Signature)

Area Engineer
(Title)

October 13, 1976
(Date)

OIL CONSERVATION COMMISSION

APPROVED _____ , 19____

BY _____

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 change of owner, well name or number, or transporter or other such change of condition.