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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-105
Effective 1-1-65

I. OPERATOR

Operator **GULF OIL CORPORATION**

Address **P. O. Box 670, Hobbs, New Mexico 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) **CASINGHEAD GAS MUST NOT BE PLACED AFTER 12/11/78 UNLESS AN EXCEPTION TO R-4070 IS OBTAINED.**

Request temporary permission to surface commingle Fowler Tubb production with Fowler Upper Yeso

If change of ownership give name and address of previous owner

THIS WELL HAS BEEN PLACED IN THE POOL DESIGNATED BY YOU IF YOU DO NOT COMPLY WITH THIS OFFICE

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, including Formation	Kind of Lease	Lease No.
J. R. Holt (NCT-A)	4	Fowler Tubb R-5876	State, Federal or Fee	State B-2431
Location				
Unit Letter J ; 1980 Feet From The South Line and 2080 Feet From The East				
Line of Section 16 Township 24-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"/>	Address (Give address to which approved copy of this form is to be sent)					
The Permian Corporation	P. O. Box 3119, Midland, Texas 79701					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
El Paso Natural Gas Company	P. O. Box 1384, Jal, New Mexico 88252					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	G	16	24S	37E	No	

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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'tv.	Diff. Res
XX				XX				XX
Date 8-24-78 recompleted	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
8-24-78	9-7-78		7672'		7325'			
Elevations (DF, RAB, RT, CR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
3242' GL	Tubb		6054'		6212'			
Perforations					Depth Casing Shoe			
6054' - 6138'					-			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17-1/2"	13-3/8"		365'		500 sx - Circulated			
12-1/4"	9-5/8"		3995'		450 sx - TOC @ 2265'			
8-3/4"	7"		7671'		750 sx - TOC @ 4280'			
	2-3/8"		5679'					

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	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
9-7-78	10-01-78	Pumping	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24 hours	20#	20#	2" WO
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF
313 bbls	102	211	-

Corrected Gravity 37.9

GAS WELL

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

Glyn Stone
(Signature)

Acting Area Engineer

10-03-78

(Date)

OIL CONSERVATION COMMISSION

APPROVED **0014 10/8**, 19

BY *[Signature]*
TITLE **SUPERVISOR DISTRICT**

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 sections of this form must be filled out completely for all wells on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of own well name or number, or transporter, or other such change of condition.

Separate Forms C-104 must be filed for each pool in multi-completed wells.