

NEW MEXICO OIL CONSERVATION COMMISSION		Form C-104 Supersedes Old C-104 and C-11 Effective 1-1-65	
REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS			
SANTA FE			
FILE			
U.S.G.S.			
LAND OFFICE			
TRANSPORTER	OIL GAS		
OPERATOR			
PRODUCTION OFFICE			

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: Oil ☐ Dry Gas ☐ Casinghead Gas ☐ Condensate ☐
Recompletion ☐	
Change In Ownership ☐	
Other (Please explain) New well	

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

DESCRIPTION OF WELL AND LEASE			
Lease Name S. J. Carr	Well No. 9	Pool Name, including Formation Langlie Mattix	Kind of Lease State, Federal or Fee Fee
Lease No.			
Location			
Unit Letter L	: 1980	Feet From The South	Line and 510
		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 ☐ or Condensate ☐		Address (Give address to which approved copy of this form is to be sent)	
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☐		Address (Give address to which approved copy of this form is to be sent)	
El Paso Natural		Box 1384, Jal, NM 88252	
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp. Pge.
			Is gas actually connected? When
			No

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
		X	X
Date Spudded 4-2-77	Date Compl. Ready to Prod. 4-26-77	Total Depth 3600'	P.B.T.D. 3587'
Elevations (DF, RKB, RT, CR, etc.) 3266' GL	Name of Producing Formation Langlie Mattix	Top Oil/Gas Pay 3340'	Tubing Depth 3288'
Perforations 3340'-3462'		Depth Casing Shoe	

TUBING, CASING, AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12 1/4"	8 5/8"	326'	250 sacks, circ
7 7/8"	4 1/2"	3600'	1045 sacks, circ
	2 3/8"	3288'	

TEST DATA AND REQUEST FOR ALLOWABLE (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
544	24 hrs	-	-
Testing Method (flow, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
back pressure	190# flowing	-	24/64"

CERTIFICATE OF COMPLIANCE		OIL CONSERVATION COMMISSION	
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.		APPROVED _____, 19 _____	
Area Engineer		BY _____	
(Signature)		TITLE _____	
August 12, 1977		This form is to be filed in compliance with RULE 1104.	
(Date)		If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviator tests taken on the well in accordance with RULE 111.	
		All portions of this form must be filled out completely for allowance 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	

