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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL GAS
OPERATOR	
PRORATION 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

I. OPERATOR

Company Name: Gulf Oil Corporation

Address: Box 670, Hobbs, New Mexico

Reason(s) for filing (Check proper box) Other (Please explain)

New Well Change in Transporter of:

Recompleted Oil Dry Gas

Change in Ownership Casinghead Gas Condensate

Change in lease name & well number effective 7-1-65. Was Mobil 's H. Corrigan No. 2

If change of ownership give name and address of previous owner: Mobil Oil Co., Box 1800, Hobbs, New Mexico

II. DESCRIPTION OF WELL AND LEASE

Lease Name: Central Drinkard Unit ~~29~~ Well No. 157 Pool Name, including Formation: Drinkard Kind of Lease: Fee

Location: P Unit Letter, 660 Feet From The South Line and 660 Feet From The East

Line of Section 33, Township 21N, Range 37E, 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"/>	<u>Magnolia Pipeline Company</u>	Address (Give address to which approved copy of this form is to be sent)	<u>Box 633, Midland, Texas</u>
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	<u>Skelly Oil Company</u>	Address (Give address to which approved copy of this form is to be sent)	<u>Box 1135, Maurice, New Mexico</u>
If well produces oil or liquids, give location of tanks.	Unit <u>0</u> Sec. <u>33</u> Twp. <u>21N</u> Rge. <u>37E</u>	Is gas actually connected?	When
		<u>Yes</u>	<u>Unknown</u>

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'v.	Diff. Res'v.
Date Spudded	Date Compl. Ready to Prod.								
Pool	Name of Producing Formation								
Perforations									
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET				SACKS CEMENT			

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.)	
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 (pitot, back pr.)	Tubing Pressure	Casing Pressure	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.

[Signature]
Area Production Manager
June 17, 1965
(Date)

OIL CONSERVATION COMMISSION

APPROVED June 28 30, 19 65

BY [Signature]

TITLE Supervisor, District #1

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 Sections I, II, III, and VI only 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.