

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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DISTRIBUTION	
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)		Other (Please explain)	
New Well <input checked="" type="checkbox"/>	Change in Transporter of:	New Well	
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>		
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>		

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

DESCRIPTION OF WELL AND LEASE			
Lease Name H. T. Mattern (NCT-C)	Well No. 16	Pool Name, including Formation Drinkard	Kind of Lease State, Federal or Fee Fee
Lease No. _____			
Location			
Unit Letter G	: 2080 Feet From The North Line and 1980 Feet From The East		
Line of Section 18	Township 21S	Range 37E	NMPM, Lea County

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)		
Western Crude Oil, Inc.	P. O. Box 1142, Midland, TX 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)		
Warren Petroleum Corp.	P. O. Box 1589, Tulsa, OK 74100		
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp. Rge.
	I	18	21S 37E
Is gas actually connected? When	Yes 3-10-82		

If this production is commingled with that from any other lease or pool, give commingling order number: **PC-517**

COMPLETION DATA					
Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen
XX	XX				
Date Spudded	Date Compl. Ready to Prod.	Total Depth		P.B.T.D.	
1-11-82	2-25-82	6874'		6844'	
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/ Gas Pay		Tubing Depth	
3491' GL	Drinkard	6677'		6755'	
Perforations					Depth Casing Shoe
6677' - 6782'					--

TUBING, CASING, AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12 1/2"	8-5/8"	1250'	650
7-7/8"	5 1/2"	6874'	2150
	2-3/8"	6755'	

TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL			
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
2-27-82	3-10-82	Pumping	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24 hours	30#	30#	2" WO
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF
60 bbls	31	29	90
Corr Gvty 38.7			

GAS WELL			
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MCF	Gravity of Condensate
Testing Method (prior, 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 Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Russell W. [Signature]
Area Engineer
(Title)
3-11-82
(Date)

OIL CONSERVATION DIVISION

APPROVED **MAR 16 1982**, 19____
ORIGINAL SIGNED BY
BY **JERRY SEXTON**
TITLE **DISTRICT 1 SUPER.**

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

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MAR 15 1982

U.S.D.
HOURS OFFICE