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LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OFFICE		

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

5-NMOCC
1-W.L. Boone-Houston
1-J.E. Pierce-Midland
1-File

Operator GIFTY OIL COMPANY	
Address P.O. Box 249, Hobbs, New Mexico	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input checked="" type="checkbox"/>	Request temporary commingling authorize pending approval of formal commingling application-Drinkard oil to be commingled with Hobbs San Andres on same lease.
Recompletion <input type="checkbox"/>	
Change in Ownership <input type="checkbox"/>	
Change in Transporter of:	
Oil <input type="checkbox"/>	Dry Gas <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 W. D. Grimes	Well No. 6	Pool Name, Including Formation Hobbs Drinkard	Kind of Lease State, Federal or Fee Fee	Lease No.
Location				
Unit Letter 2	1878.5	Feet From The South Line and 557	Feet From The East	
Line of Section 29	Township 18 S	Range 38 E	NMPM, Los	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)					
Shell Pipe Line Company	P.O. Box 1910, Midland, Texas					
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)					
Phillips Petroleum Company	Phillips Building, Odessa, Texas					
If well produces oil or liquids, give location of tanks.	Unit I	Sec. 29	Twp. 18	Rge. 38	Is gas actually connected? Yes	When 3-3-70

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 <input checked="" type="checkbox"/>	Gas Well	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded 12-22-69	Date Compl. Ready to Prod. 2-1-70		Total Depth 7050'		P.B.T.D. 7018'			
Elevations (DF, RKB, RT, GR, etc.) 3658.5 RKB	Name of Producing Formation Drinkard		Top Oil/Gas Pay 6685'		Tubing Depth 6930'			
Perforations 6685'-6954'					Depth Casing Shoe			

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17-1/2	13-3/8	377	400
12-1/4	9-5/8	3847	2300
8-3/4	7	7049	540
	2-3/8	6930	

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 2-1-70	Date of Test 2-3-70	Producing Method (Flow, pump, gas lift, etc.) Flow	
Length of Test 24	Tubing Pressure 600	Casing Pressure Packer	Choke Size 24/64
Actual Prod. During Test 120	Oil-Bbls. 82	Water-Bbls. 38	Gas-MCF 630

GAS WELL

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.

ORIGINAL SIGNED BY:
C. L. Wade

(Signature)

Area Superintendent (Title)

March 4, 1970 (Date)

WIG/bh

OIL CONSERVATION COMMISSION

MAR 5 1970

APPROVED _____, 19____
BY **Walter J. Clement**
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 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.