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

NEW MEXICO OIL CONSERVATION COMMISS.
**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
 Operator: Gulf Oil Corporation
 Address: Box 670, Hobbs, New Mexico
 Reason(s) for filing (Check paper box):
 New Well Change in Transporter of:
 Recompletion Oil Dry Gas
 Change in Ownership Casinghead Gas Condensate
 Other (Please explain): Change in lease name & well number effective 7-1-65. Was Mobil's H. Corrigan No. 6
 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 99 Well No.: 156 Pool Name, including Formation: Drinkard Kind of Lease: Fee
 Location: Unit Letter 0; 589 Feet From The South Line and 1909 Feet From The East
 Line of Section 33, Township 21S, Range 27E, NMPM, Lea County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil or Condensate : Magnolia Pipeline Company Address (Give address to which approved copy of this form is to be sent): Box 635, Midland, Texas
 Name of Authorized Transporter of Casinghead Gas or Dry Gas : Shelly Oil Company Address (Give address to which approved copy of this form is to be sent): Box 1135, Eunice, New Mexico
 If well produces oil or liquids, give location of tanks: Unit 0, Sec. 33, Twp. 21S, Rge. 27E Is gas actually connected? Yes When: Unknown

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.
<input checked="" type="checkbox"/>								
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.		
Pool	Name of Producing Formation		Top Oil/Gas Pay			Tubing Depth		
Perforations							Depth Casing Shoe	
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	Ebbs. 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]
 (Signature)

[Title]
 (Title)

June 27, 1965
 (Date)

OIL CONSERVATION COMMISSION

APPROVED June 28, 1965, 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.