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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

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

I. Operator

GENTRY OIL COMPANY

Address
P.O. Box 249, Hobbs, New Mexico 88240

Reason(s) for filing (Check proper box)

New Well	<input checked="" type="checkbox"/>	Change in Transporter of:	
Recompletion	<input type="checkbox"/>	Oil	<input type="checkbox"/>
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>
		Dry Gas	<input type="checkbox"/>
		Condensate	<input type="checkbox"/>

Other (Please explain)

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name H. D. McKinley	Well No. 11	Pool Name, including Formation Hobbs Drinkard	Kind of Lease State, Federal or Fee Fee	Lease No.
Location				
Unit Letter A	760	Feet From The North	Line and 550	Feet From The East
Line of Section 30	Township 18 S	Range 38 E	NMPM, Lea County	

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/> SHELL PIPE LINE COMPANY	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1598, Hobbs, New Mexico 88240			
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> PHILLIPS PETROLEUM CO.	Address (Give address to which approved copy of this form is to be sent) P.O. Box 6666, Odessa, Texas			
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.
		30	18 S	38 E
Is gas actually connected?	When			
No	1-30-70			

If this production is commingled with that from any other lease or pool, give commingling order number: **PC-384**

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
X	X		X					
Date Spudded 12-19-69	Date Compl. Ready to Prod. 1-19-70	Total Depth 7103'		P.B.T.D. 7065'				
Elevations (DF, RKB, RT, GR, etc.) 3650-GR	Name of Producing Formation Drinkard	Top Oil/Gas Pay 6720'		Tubing Depth 6702'				
Perforations 6720, 29, 31, 54, 56, 78, 79, 80, 69, 17, 18, 20, 38, 39, 70, 24, 25, 26, 27, 28		Depth Casing Shoe 7106'						
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17-1/2"	13-3/8"		379		400			
12-1/4"	9-5/8"		3843		1200			
8-3/4"	7		7106		865			

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 1-20-70	Date of Test 1-21-70	Producing Method (Flow, pump, gas lift, etc.) Flow	
Length of Test 21	Tubing Pressure 160	Casing Pressure -	Choke Size 24/64
Actual Prod. During Test 133	Oil - Bbls. 183	Water - Bbls. 0	Gas - MCF 342

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

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.

ORIGINAL SIGNED BY:
C. L. Wade

(Signature)

Area Superintendent

(Title)

January 27, 1970

(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19____
BY **[Signature]**
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.