1.	NO. OF COPIES RECEIVED DISTRIBUTION SANTA FE FILE U.S.G.S. LAND OFFICE I RANSPORTER OIL GAS OPET: FTOR PROPATION OFFICE Operator GULF OIL CORPORATION Address P.O. Box 670, Hobbs, N Reason(s) for filing (Check proper box) New We!! Recompletion Change in Ownership	REQUEST I AUTHORIZATION TO TRA	to commingle Hobb & Hobbs Blinebry sale 2 lease & w/Bowers	Form C-104 Supersedes Old C-104 and C-11 Effective 1-1-65 AS est temporary permission s Drinkard prod w/Bowers prod from Grimes (NCT-B) & Hobbs Blinebry prod A) lease-under Order
п.		Vell No. Pool Name, Including Fo 8 Hobbs Drin Feet From The <u>North</u> Line	e and <u>600</u> Feet From Th	he East
III.	DESIGNATION OF TRANSPORT Name of Authorized Transporter of Oll Shell Pipeline Corpora Name of Authorized Transporter of Cas Phillips Petroleum Cor If well produces oil or liquids,	ER OF OIL AND NATURAL GA y or Condensate inghead Gas or Dry Gas poration	Address (Give address to which approve P.O. Box 1910, Midland, Address (Give address to which approve Phillips Building, Odes Is gas actually connected?	TX 79701 ad copy of this form is to be sent) TX 79701 ad copy of this form is to be sent) tsa, TX 79760
IV.	give location of tarks. If this production is commingled wit COMPLETION DATA Designate Type of Completio Date Spudded Elevations (DF, RKB, RT, GR, etc.,	Cil Well Gas Well	Yes give commingling order number:	Plug Back Same Restv. Diff. Restv. P.B.T.D. Tubing Depth
	Perforations HOLE SIZE	TUBING, CASING, AND CASING & TUBING SIZE	D CEMENTING RECORD	Depth Casing Shoe SACKS CEMENT
v.	TEST DATA AND REQUEST FO OIL WELL Date First New OII Run To Tanks Longth of Test Actual Prod. During Test	OR ALLOWABLE (Test must be aj able for this de Date of Toet Tubing Pressure Oil-Bble.	fter recovery of total volume of load oil a pth or be for full 24 hours) Producing Method (Flow, pump, gas lift Casing Pressure Water-Bbls.	
VI.	GAS WELL Actual Frod. Test-MCF/D Testing Method (pitot, back pr.) CERTIFICATE OF COMPLIANC	Longth of Teat Tubing Pressure (Shut-in) CE	Bbls. Condensate/MMCF Casing Pressure (Shut-in) OIL CONSERVA	Gravity of Condensate Choke Size TION COMMISSION
¥1.	I bereby 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, $\underbrace{M. B. Signature}_{(Signature)}$ Area Engineer (Title) 2-4-80		APPROVED FEE 6 1980 19 Orig. Signed by BY Jeity Sexton TITLE Dist 1. Supv. 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 filled for each pool in multiply completed wells.	

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