ENERGY AND MINERALS DEPARTMENT

Revised 10-1-78

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TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OFFICE		

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator: Gulf Oil Corporation

Address: P.O. Box 670 Hobbs, NM 88240

Reason(s) for filing (Check proper box)

- New Well
- Recompletion
- Change in Ownership
- Change in Transporter of: Oil, Dry Gas, Casinghead Gas, Condensate
- Other (Please explain): Revise Test Data

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

I. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
N. D. Grimes (WCT-B)	9	Hobbs Drinkard	State, Federal or Fee Fee	

Location

Unit Letter A : 510 Feet From The North Line and 660 Feet From The East

Line of Section 33 Township 18S Range 38E , NMPM, Lea County

II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil [X] or Condensate [ ]	Address (Give address to which approved copy of this form is to be sent)
Shell Pipeline Corp.	Box 1910 Midland TX 79701
Name of Authorized Transporter of Casinghead Gas [X] or Dry Gas [ ]	**Address (Give address to which approved copy of this form is to be sent)**
Phillips Petroleum Corp.	Phillips Bldg, Odessa TX 79760

If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	F	32	18S	38E	Yes	10-1-83

If this production is commingled with that from any other lease or pool, give commingling order number: _____

III. 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					

Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
8-15-83	9-22-83	7110'	–
Elevations (DF, RKB, RT, GR, etc.)	**Name of Producing Formation**	**Top Oil/Gas Pay**	**Tubing Depth**
3638' GL	Drinkard	6638'	6531'
Perforations			**Depth Casing Shoe**
6638'-6810'			

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17½"	13 3/4"	415'	500 sx
12¼"	8 5/8"	4289'	1740 sx
7 7/8"	5½"	7109'	1320 sx

IV. TEST DATA AND REQUEST FOR ALLOWABLE (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)

OIL WELL

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
9-22-83	10-2-83	Flow	
Length of Test	**Tubing Pressure**	**Casing Pressure**	**Choke Size**
24 hrs	205#	–	14/64"
Actual Prod. During Test	**Oil - Bbls.**	**Water - Bbls.**	**Gas - MCF**
128	54	74	301

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**

V. 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.

R R Pitts
(Signature)

AREA ENGINEER
(Title)

10-10-83
(Date)

OIL CONSERVATION DIVISION

APPROVED OCT 13 1983, 19____

BY ORIGINAL SIGNED BY EDDIE SEAY

TITLE OIL & GAS INSPECTOR

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 operator, 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.