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| SANTAFE | |
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| U.S.G.S. | |
| LAND OFFICE | |
| TRANSPORTER | OIL |
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| SANTAFE | | | 1121 | REQUEST | Supersedes Old C-104 and C-1 | | | | | |
|--|------------|-------------------------------------|-----------------------|--|------------------------------|---------------------------------------|-----------------------|---------------------------|--|--|
| rile u.s.g.s. | | | AUTHODIZ | ATION TO TO | Effective 1- | 4-65 | | | | |
| LAND OFFICE | | | AUTHURIZA | ATION TO TRA | ANSPUR I | OIL AND I | NATURAL | GAS | | |
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| OPERATION OFFICE | | | | | | | | ····· | · The state of the | |
| Gulf Oil Corp | oratio | on_ | | | | · · · · · · · · · · · · · · · · · · · | | | | |
| Box 670, Hobbs | | | ico 88240 | | | | | | A | |
| reason(s) for filing (Che) | ck proper | box) | Change in Trans | sporter of: | | Other (Please This wat | - ' | y well produce | es some | |
| Recompletion Change in Ownership | | | Oil Casinghead Gas | Dry Go | 7 | | a vapor | recovery syste | | |
| If change of ownership and address of previous | • • • | ne | | | | | | | | |
| DESCRIPTION OF W | ELL A | ND L | | Name, Including F | Cormettion | ····· | Kind of Leas | | | |
| Central Drinka | rd Uni | it | 100 W\$W | San An | | | State, Feder | | Lease No. | |
| Location | , | 100 | ^ | | | | <u> </u> | | | |
| Unit Letter # | i | 1986 | Feet From The | North Lin | ne and 990 | - | Feet From | The East | | |
| Line of Section 28 | 8 | Town | ship 21-S | Range | 37-E | , ММРМ | , | Lea | County | |
| DESIGNATION OF T | | | | | | Give address i | o which appro | oved copy of this form is | s to be sent) | |
| None Home of Authorized Trans | sporter of | Casir | nghead Gas or | Dry Gas | Address (| Give address i | o which appro | ved copy of this form is | s to be sent) | |
| Warren Petrolei | | | ation | | Box 1 | 589. Tul | sa. Oklai | homa 741.00 | | |
| . If well produces oil or liq give location of tanks, | luids, | - ' ' | Unit Sec. | Twp. Rge. | Is gas act | ually connecte | ed? Wh | en , , , | - dylamon manner at manner transport | |
| If this production is con COMPLETION DATA | _ | with | that from any othe | | give comm | | | Dhe Seek See 13 | ost Diff. Resty | |
| Designate Type of | f Comple | etion | | Gds well | i Vew Mett | Workover | Deepen | Plug Back Same R | ogr. DHI, Res.v | |
| Date Spudded | | 1 | Date Compl, Ready to | o Prod. | Total Dep | th | | P.B.T.D. | 1 | |
| Elevations (DF, RKB, RT | , GR, etc | , etc.; Name of Producing Formation | | | Top Oti/Gas Pay | | | Tubing Depth | | |
| Perforations | | i_ | | | <u> </u> | | | Depth Casing Shoe | | |
| | | | TUBING | G, CASING, AND | CEMENT | ING RECOR | D | | | |
| HOLE SIZE | <u> </u> | | CASING & TU | BING SIZE | | DEPTH SE | T | SACKS CEMENT | | |
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| TEST DATA AND RE | QUEST | FOR | RALLOWABLE | (Test must be a | fter recovery | of total volu | ne of load oil | and must be equal to or | exceed top allow- | |
| OIL WELL Date First New Oil Run T | | | Date of Test | able for this de | pth or be for | | <i>)</i> | | | |
| Date First New Oil Hun I | o lanks | - | odie of lest | | Producting | Method (1 tow | , pamp, gas | ,,, e, | | |
| Length of Test | | 7 | Tubing Pressure | Casing Pressure | | | Choke Size | | | |
| Actual Prod. During Test | | | Dil-Bbis. | Water - Bbls. | | | Gas - MCF | | | |
| GAS WELL | | | | | | | | | | |
| Actual Prod. Test-MCF/ | D | Į L | _ength of Test | Bbls. Condensate/MMCF | | | Gravity of Condensate | | | |
| Testing Method (pitot, bac | ck pr.) | 7 | Subing Pressure (Sh | Casing Pressure (Shut-in) | | | Choke Size | | | |
| CERTIFICATE OF C | OMPLIA | ANCE | 3 | | | OILC | ONSERVA | 4 1972 | | |
| I hereby certify that the Commission have been | complie | d wit | h and that the inf | ormation given | APPRO | | | Orig. Signed by | , 19 | |
| above is true and complete to the best of my knowledge and belief. | | | BY | | _,, | Joe D. Ramey | | | | |
| | | | | | TITLE Dies. I, Supv. | | | | | |
| Ce D. Kaltey | | | | 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. | | | | | | |

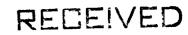
Area Engineer

(Date)

May 3, 1972

(Title)

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.



MAY 3 1972 OIL CONSERVATION COMM. HOBBS, N. M.