

DISTRIBUTION			
SA	TA	FE	
FI	E		
G.S.			
L		ID	OFFICE
TRANSPORTER		OIL	
		GAS	
OPERATOR			
PRORATION OFFICE			

NEW MEXICO OIL CONSERVATION COMMISSION
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

Operator <u>Gulf Oil Corporation</u>	
Address <u>Box 670, Hobbs, New Mexico 88240</u>	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input type="checkbox"/>	Abandoned Paddock zone in Eunice King No. 26 and completed in Drinkard zone as Central Drinkard Unit No. 112
Recompletion <input type="checkbox"/>	
Change in Ownership <input type="checkbox"/>	
Change in Transporter of:	
Oil <input type="checkbox"/>	
Casinghead Gas <input type="checkbox"/>	
Dry Gas <input type="checkbox"/>	
Condensate <input type="checkbox"/>	

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>Central Drinkard Unit</u>	Well No. <u>112</u>	Pool Name, including Formation <u>Drinkard</u>	Kind of Lease State, Federal or Fee <u>Fee</u>	Lease No.
Location				
Unit Letter <u>H</u>	<u>1820'</u>	Feet From The <u>North</u>	Line and <u>990</u>	Feet From The <u>East</u>
Line of Section <u>28</u>	Township <u>21-S</u>	Range <u>37-E</u>	, NMPM, <u>Lea</u> County	

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
<u>Shell Pipe Line Corporation</u>	<u>Box 1910, Midland, Texas 79701</u>	
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
<u>Warren Petroleum Corporation</u>	<u>Box 1589, Tulsa, Oklahoma 74100</u>	
If well produces oil or liquids, give location of tanks.	Unit <u>K</u>	Sec. <u>28</u>
	Twp. <u>21-S</u>	Rge. <u>37-E</u>
	Is gas actually connected? <u>Yes</u>	When <u>9-3-75</u>

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.
Date Spudded <u>9-5-75</u>	Date Compl. Ready to Prod. <u>9-5-75</u>	Total Depth <u>7650'</u>	P.B.T.D. <u>7292'</u>					
Elevations (DF, RKB, RT, GR, etc.) <u>3440' GL</u>	Name of Producing Formation <u>Drinkard</u>	Top Oil Pay <u>6515'</u>	Tubing Depth <u>6703'</u>					
Perforations <u>6515' to 6629'</u>	Depth Casing Shoe <u>7649'</u>							
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET		SACKS CEMENT				
<u>17-1/4"</u>	<u>13-3/8"</u>	<u>297'</u>		<u>300 sacks (Circulated)</u>				
<u>12-1/4"</u>	<u>9-5/8"</u>	<u>2800'</u>		<u>1300 sacks (TOC at 640')</u>				
<u>8-3/4"</u>	<u>7"</u>	<u>7649'</u>		<u>700 sacks (TOC at 3360')</u>				
	<u>2-3/8"</u>	<u>6703'</u>						

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 <u>9-5-75</u>	Date of Test <u>9-20-75</u>	Producing Method (Flow, pump, gas lift, etc.) <u>Pump</u>	
Length of Test <u>24 hours</u>	Tubing Pressure <u>--</u>	Casing Pressure <u>--</u>	Choke Size <u>2"</u>
Actual Prod. During Test <u>95 barrels</u>	Oil - Bbls. <u>63</u>	Water - Bbls. <u>32</u>	Gas - MCF <u>--</u>

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.

D.F. Berlin
(Signature)
Area Engineer
(Title)
September 22, 1975
(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19____
BY John W. Runyan
Geologist
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.