SANTA FE		
FILE		
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OFFICE		

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Effect

Operator

Gulf Oil Corporation

Address

Box 670, Hobbs, New Mexico 88240

Reason(s) for filing (Check proper box)

New Well [ ]
Recompletion [XX]
Change in Ownership [ ]

Change in Transporter of:
Oil [ ] Dry Gas [ ]
Casinghead Gas [ ] Condensate [ ]

Other (Please explain)

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.
Central Drinkard Unit	165	Drinkard	State, Federal or Fee Fee	

Location

Unit Letter N ; 660 Feet From The South Line and 1980 Feet From The West

Line of Section 29 Township 21-S Range 37-E , NMPM, Lea County

II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil X or Condensate [ ]
Texas-New Mexico Pipeline Company

Address (Give address to which approved copy of this form is to be sent)
Box 1510, Midland, Texas 79701

Name of Authorized Transporter of Casinghead Gas X or Dry Gas [ ]
Warren Petroleum Corporation

Address (Give address to which approved copy of this form is to be sent)
Box 1589, Tulsa, Oklahoma 74100

If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	K	29	21-S	37-E	Yes	1-19-73

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 Resv.	Diff. Resv.
	XX			XX				

Date ~~Spudded~~ completed	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
1-19-73	1-19-73	6635'	6635'

Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/~~Gas~~ Pay	Tubing Depth
3461	Drinkard	6554'	6629'

Perforations	Depth Casing Shoe
6554' to 6604' and open hole interval 6618' to 6635'	6618'

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17-1/2"	13-3/8"	332'	300 sacks (Circulated)
11"	8-5/8"	2785'	1000 sacks (TOC at 900')
7-7/8"	5-1/2"	6618'	500 sacks (TOC at 2988')
	2-3/8"	6629'	

V. 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.)	
1-19-73	1-19-73	Pump	
Length of Test	**Tubing Pressure**	**Casing Pressure**	**Choke Size**
24 hours	--	--	2"
Actual Prod. During Test	**Oil-Bbls.**	**Water-Bbls.**	**Gas-MCF**
86 barrels	16	70	--

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.

R. J. Bragdale
(Signature)

Area Engineer
(Title)

January 19, 1973
(Date)

OIL CONSERVATION COMMISSION

APPROVED [illegible]

BY [illegible]

TITLE [illegible]

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.