

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

DISTRIBUTION		
SALE		
FILE		
G.S.		
ID OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OFFICE		

I. Operator  
Gulf Oil Corporation  
Address  
Box 670, Hobbs, New Mexico 88240  
Reason(s) for filing (Check proper box)  
New Well ☐ Change in Transporter of:  
Recompletion ☐ Oil ☐ Dry Gas ☐  
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐  
Other (Please explain)  
Change in lease name, well number and operator. Was Mobil's C. Hardy #3  
If change of ownership give name and address of previous owner Mobil Oil Co., Box 633, Midland, Texas 79701

II. DESCRIPTION OF WELL AND LEASE  
Lease Name Central Drinkard Unit Well No. 158 Pool Name, including Formation Drinkard Kind of Lease State, Federal or Fee Fee Fee Lease No.   
Location  
Unit Letter C ; 660 Feet From The North Line Unit 1980 Feet From The West  
Line of Section 29 Township 21-S Range 37-E , NMPM, Lea County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS  
Name of Authorized Transporter of Oil ☐ or Condensate ☐  
None - Well is not producing  
Name of Authorized Transporter of Casinghead Gas ☐ , or Dry Gas ☐  
Address (Give address to which approved copy of this form is to be sent)  
If well produces oil or liquids, give location of tanks. Unit Sec. Twp. Rge. Is it actually connected? When

IV. COMPLETION DATA  
Designate Type of Completion - (X) Oil Well Gas Well New Well Workover Deepen Plug Back Same Rest. Diff. Rest.  
Date Spudded Date Compl. Ready to Prod. Total Depth P.B.T.D.  
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation Top Oil/Gas Pay Tubing Depth  
Perforations Depth Casing Shoe  
TUBING, CASING, AND CEMENTING RECORD  
HOLE SIZE CASING & TUBING SIZE DEPTH SET SACKS CEMENT

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 Date of Test Producing Method (Flow, pump, gas lift, etc.)  
Length of Test Tubing Pressure Casing Pressure Choke Size  
Actual Prod. During Test Oil - Bbls. Water - Bbls. Gas - MCF

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.  
O. F. Berlin  
(Signature)  
Area Engineer  
(Title)  
December 22, 1975  
(Date)  
OIL CONSERVATION COMMISSION  
APPROVED DEC 23 1975, 19  
BY [Signature]  
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 all wells on now 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.

RECEIVED

APR 28 1975

OIL CONSERVATION COMM.  
HOENES, N. M.