

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

FILE		
RECEIVED		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRODUCTION OFFICE		

Operator
Gulf Oil Corporation

Address
Box 670, Hobbs, New Mexico 88240

Reason(s) for filing (Check proper box)

New Well	<input type="checkbox"/>	Change in Transporter of:		Other (Please explain)
Recompletion	<input type="checkbox"/>	Oil	<input type="checkbox"/>	To show oil & gas transporter after returning well to production.
Change in Ownership	<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	Well No.	Pool Name, including Formation	Kind of Lease	County
<u>Central Drinkard Unit</u>	<u>140</u>	<u>Drinkard</u>	State, Federal or Fee <u>Fee</u>	
Location				
Unit Letter <u>H</u>	<u>2086</u>	Feet From The <u>North</u> Line and <u>554</u>	Feet From The <u>East</u>	
Line of Section <u>32</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 <u>XX</u> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
<u>Sholl Pipe Line Corporation</u>	<u>Box 1910, Midland, Texas 79701</u>					
Name of Authorized Transporter of Casinghead Gas <u>XX</u> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
<u>None</u>						
If well produced oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	<u>F</u>	<u>32</u>	<u>21-S</u>	<u>37-E</u>	<u>No</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.
<u>XXXXX Recompleted</u>	<u>XX</u>			<u>XX</u>				
Date <u>3-8-73</u>	Date Compl. Ready to Prod. <u>3-8-73</u>	Total Depth <u>6605'</u>	P.B.T.D. <u>--</u>					
Elevations (DF, RKB, RT, GR, etc.) <u>3460' GL</u>	Name of Producing Formation <u>Drinkard</u>	Top Oil/Gas Pay <u>6498'</u>	Tubing Depth <u>6579</u>					
Perforations <u>None - Open hole 6498' to 6605'</u>			Depth Casing Shoe <u>6498'</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>294'</u>	<u>300 sacks (Circulated)</u>					
<u>12-1/4"</u>	<u>9-5/8"</u>	<u>2850'</u>	<u>1300 sacks (100 at 1655')</u>					
<u>8-3/4"</u>	<u>7"</u>	<u>6498'</u>	<u>700 sacks (100 at 3095')</u>					
	<u>2-3/8"</u>	<u>6579'</u>						

V. TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or more than allowable for this depth or be for full 24 hours)

OIL WELL

Date First New Oil Run To Tanks <u>3-8-73</u>	Date of Test <u>4-2-73</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>16</u>	Oil - Bbls. <u>8</u>	Water - Bbls. <u>8</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.

H. J. Brezgerle
(Signature)
Area Engineer
(Title)
April 2, 1973
(Date)

OIL CONSERVATION COMMISSION

APPROVED _____
BY John H. Hays
TITLE Secretary

This form is to be filed in compliance with rules and regulations of the Oil Conservation Commission.

If this is a request for allowable for a newly drilled well, this form must be accompanied by a tabulation of the production tests taken on the well in accordance with RULE 115.

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 the well name or number, or transporter or other authorization.

Separate Forms C-104 must be filed for each well recompleted well.