ĺ	NO. OF COPIES RECEIVED							
	DISTRIBUTIO							
	SANTA FE							
- 1	FILE							
	U.S.G.S.							
	LAND OFFICE							
	TRANSPORTER	OIL						
	TRANSFORT EX	GAS						
	OPERATOR							
1.	PRORATION OF		Ĺ.					
	Operator							
	Gulf Oil Corporation							

NEW MEXICO OIL CONSERVATION COMMISSION

Form C-104
Succeedes Old C-104 and C-110

	SANTA FE		REQUEST F		-OMARLE	•		ersedes via (ectivo 1-1-65	7-104 and C-110			
	FILE			AND	011 4110 11		4.5					
	U.S.G.S.		AUTHORIZATION TO TRAN	N2POK I	OIL AND NA	ATURAL G	AS					
	OIL											
	TRANSPORTER GAS		1									
	OPERATOR											
1.	PRORATION OFFICE											
••	Operator											
!	Gulf Oil Corporation											
	Address											
	P. O. Box 670, Hobb		Other (Please e	zolain)		- 						
	Reason(s) for filing (Check proper box) New We'l Change in Transporter of:				Other (Freuse explain)							
	Recompletion		Change	e in tra	nsporter	8						
	Change in Ownership		Casinghead Gas Condens	sate 🔲			•		ł			
1							 					
	If change of ownership give name	1e										
	and address of previous owner.											
11.	DESCRIPTION OF WELL A	ND_I	LEASE .									
	Lease Name	• •	Well No. Pool Name, Including For	rmation	1	(ind of Lease State, Federal			Lease No.			
	Central Drinkard Un	1.t	132 Drinkard		1`	, , , , , , , , , , , , , , , , , , ,	у.	ee]				
	Location				2.001							
	Unit Letter B ;;	Unit Letter B : 554 Feet From The north Line and 1874 Feet From The east										
	Line of Section 32	Tov	waship 215 Range	37E	, NMPM,	т.	ΔΩ		County			
	Line of Section 12		2.10		, NMPM, EFFECTIVE	ANUARY	31, 1977,	-				
II.	DESIGNATION OF TRANSP	or1	TER OF OIL AND NATURAL GAS	S	SKELLY OIL	COMPAN	Y MERGE	,D				
	Name of Authorized Transporter o	f Oil	or Condensate	Address	MATO GETE				be sent)			
	Texas-New Mexico Pi				1510, Mid							
	Name of Authorized Transporter o Warren Petroleum Co	i Cas	ainghead Gas 🔀 or Dry Gas 🗔	Address Box	Give address to 1589, Tuls	which approi aa. Okla	. 74100	is jorm is to	be sent)			
	Skelly Oil Co.	Tp.		Box	1135 Euni	ce, NM	8823L					
	If well produces oil or liquids,		1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			iy - jwne	nen Tielen					
			NW/4 33 215 37E		es		Unknown	<u></u>				
		i wit	th that from any other lease or pool, g	give com	ningling order	number:	No	 				
V.	COMPLETION DATA		Oil Well Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'	v. Diff. Res'v.			
	Designate Type of Comp	etic	on – (X)		!	!	!	1				
	Date Spudded		Date Compl. Ready to Prod.	Total De	pth	<u></u>	P.B.T.D.					
	Elevations (DF, RKB, RT, GR, et	c.j	Name of Producing Formation	Top Oil/	Gas Pay		Tubing Dep	th				
							Depth Casi	Shaa				
	Perforations						Depth Cust	ng snoe				
			TUBING, CASING, AND	CEMEN	TING PECOPI	<u> </u>		· · · · · · · · · · · · · · · · · · ·				
			CASING & TUBING SIZE	CEMEIN	DEPTH SE		S	ACKS CEME	ENT			
	HOLE SIZE		CASING & FORMS SIZE				1					
v.	TEST DATA AND REQUES	r F	OR ALLOWABLE (Test must be aft	ter recove	ry of total volum	e of load oil	and must be e	iqual to or ex	cceed top allow-			
•	OIL WELL		dote for this def		or full 24 hours) g Method (Flow,		ft. etc.)					
	Date First New Oil Run To Tanks	•	Date of Test	Producin	d Marilog (1.10m)	panipi Sac vi	,,,					
			Tubing Pressure	Casing F	Pressure		Choke Size)				
	Length of Test		1 ability 1 1000 Ele									
	Actual Prod. During Test		Oil-Bble.	Water - B	bls.		Gas-MCF					
								•				
	·											
	GAS WELL											
	Actual Prod. Test-MCF/D		Length of Test	Bbie. Co	ndensate/MMCF		Gravity of	Condensate				
					6 mb. mb.	4-3	Choke Size					
	Testing Method (pitot, back pr.)		Tubing Pressure (Shut-in)	Casing F	ressure (Shut-		Choke Size	,				
			<u> </u>			011055014	TION 60	10122101				
VI.	CERTIFICATE OF COMPL	RTIFICATE OF COMPLIANCE				OIL CONSERVATION COMMISSION						
				APPROVED, 19								
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.				BY								
				TITLE								
		21 Bearale				This form is to be filed in compliance with RULE 1104.						
	2/1/13											
3. J. Breazeale (Signature)				well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.								
									Area Engineer (Tule)			
	10-30-73	Fill out only Sections I. II, III, and VI for changes of owner, well name or number, or transporten or other such change of condition.										
		(D	ate)	li well n	ame or number eparate Forma	, or transpor	ter or other	ance cuauk	A OI COMPTITION			
			j	ii S	eparate Forms	Calified design	, istan	THE PARTY PARTY				