	SA TAFE FI E G.S. AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS		Supersedes Old C+104 and C+1 Effective lates		
1.	L ID OFFICE I RANSPORTER OIL GAS OPERATOR PRORATION OFFICE Operator		TRANSPORT OIL AND NATUR	RAL GAS	
	Gulf Oil Corpor	ation			
	Address P. O. Box 670, Hobbs, N.M. 88240 Reason(s) for filing (Check proper box) Other (Please explain) New Well Change in Transporter of: Recompletion Oil Change in Ownership Casinghead Gas				
	If change of ownership give name and address of previous owner				
П.	DESCRIPTION OF WELL AN	DLEASE			
	Central Drinkard Uni	Well No. Pool Name, Includin		Lease Lease No. ederal or Fee Fee	
	Unit Letter I ; 1	800 Feet From The south	Line and 515 Feet F	rom The east	
l	Line of Section 33	Fownship 21S Range	37E , NMPM,	Lea	
ш. 1 Г	DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS				
1	Texas-New Mexico Pipeline Co.		Aitrees (Give address to which approved copy of this form is to be sent) Box 1510, Midland, Texas 79701		
-	Warren Petroleum Cor Skelly Oil Co.	Unit Sec. Twp. Rge.		pproved caps of this form is to be sent) (1a. 74100 N.M. 88231	
	give location of tanks. Cont.		's gus actually connected?	When 10_17_75	
IV. <u>C</u>	f this production is commingled v COMPLETION DATA	with that from any other lease or poo	1, give commingling order number:	10-17-75 EFFECTIVE JANUARY 31, 1977, SKELLY OIL COMPANY MERGED	
	Designate Type of Completion - (X) Oil Well Gas Well X		, beepen	NTO GELLY GLL COMPANY	
	8-26-75	Date Compl. Ready to Prod. 10-12-75	Total Depth 6603*	P.B.T.D.	
E	Elevations (DF, RKB, RT, GR, etc.) 3442 GL	Name of Producing Formation Drinkard	Top (til Are Pay 6515 1	Tubing Depth	
F	6515-6594 *			65821 Depth Casing Shoe	
E			D CEMENTING RECORD	6603 •	
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
-	18"	152"	132	100 sx	
	6-3/4"	711	3614 *	150 sx	
		<u>45</u> " 2-3/8"	6603	420 sx	
	EST DATA AND REQUEST F II. WELL ate First New Oil Run To Tanks	OR ALLOWABLE (Test must be able for this d	6582 after recovery of total volume of load o epth or be for full 24 hours)	il and must be equal to or exceed top allow-	
	10-12-75	Date of Test	Producing Method (Flow, pump, gas	lift, etc.)	
L.	ength of Test	10-18-75 Tubing Pressure	Pump Casing Pressure		
	24 hours		odoring Freesure	Choke Size	
A	ctual Prod. During Test	Oil-Bbis.	Water-Bbls.	211 WO Gas-MCF	
<u> </u>	63 bbls	15	48		
GA	AS WELL				
	ctual Prod. Test-MCF/D	Length of Test	Bbis. Condensate/MMCF	Gravity of Condensate	
Te	sating Mathod (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size	
1. CE	RTIFICATE OF COMPLIANC	CE	OIL CONSERV	ATION COMMISSION	
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. T. Burlin (Signature) Area Engineer (Title)			APPROVED, 19, 19		
			TITLE		
			If this is a request for allow	compliance with RULE 1104. wable for a newly drilled or deepened	
			well, this form must be accompanied by a tabulation of the deviation trais taken on the well in accordance with RULE 111. All sections of this form must be filled out completely for allow-		
(1 iiie) 10-20-75 (Date)			Fill out only Sections I. II. III. and VI for changes of owner.		
		1	well name or number, of transport	ter, or other such change of condition.	