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OIL	
GAS	
ICE	
	

	DISTRIBUTION SANTA FE FILE U.S.G.S.	REQUEST F	ONSERVATION COMMISSION FOR ALLOWABLE AND NSPORT OIL AND NATURAL GA	Form C-104 Supersedes Old C-104 and C-110 Effective 1-1-65
1.	LAND OFFICE (RANSPORTER OIL GAS OPERATOR PRORATION OFFICE Operator	AUTHORIZATION TO TRA		10
	Gulf Oil Corporation Address			
	Box 670, Hobbs, New ME Reason(s) for filing (Check proper box) New Well Recompletion Change in Ownership	Change in Transporter of: Oil Dry Gas Casinghead Gas Condens	September 1, 1972	nsporter, effective
	If change of ownership give name and address of previous owner			
11.	DESCRIPTION OF WELL AND Decree Name Central Drinkard Unit	LEASE Weil No. Pool Name, Including Fo	rmation Kind of Lease State, Federal	Lease No.
	Unit Letter D ; 660		and 660 Feet From Th	County
•••			7—Е , МРМ,	Lea County .
MI.	Name of Authorized Transporter of OII Texas-New Mexico Pipel	ine Co.	Box 1510, Midland, Texa	as 79701
	Name of Authorized Transporter of Cas Warren Petroleum Corpo Skelly Oil Co.	ration	Box 1589, Tulsa, Oklaho	oma 74100
	If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. E 33 21-S' 37-E	Yes	Unknown
	If this production is commingled wit COMPLETION DATA	th that from any other lease or pool, and the foundation of the fo	SALEL	CTIVE JANUARY 31, 1977, LY OIL COMPANY MERCED
	Designate Type of Completion		New Well Workover Deepen	CETTY OIL COMPANY.
	Date Spudded	Date Compi. 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
	Perforation s			Depth Casing Shoe
		TUBING, CASING, AND		SACKS CEMENT
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
v.	TEST DATA AND REQUEST FO	OR ALLOWABLE (Test must be afable for this def	ter recovery of total volume of load oil a oth or be for full 24 hours; Producing Method (Flow, pump, gas lift	
	Date First New Oil Run To Tanks	Date of Yest		
	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 COMPLIAN	!	OIL CONSERVA	TION COMMISSION 1 1972 . 19
	Commission have been complied V	regulations of the Oil Conservation with and that the information given	O	rig. Signed by
	above is true and complete to the best of my knowledge and belief.			oc D. Ramey Dist. I, Supv ₄
			TITLE	

Vī.

an Kalatan	
(Signature)	
Area Engineer	
(Title)	

August 31, 1972

(Date)

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 owner, well name or number, or transporter, or other such change of condition.

Separate Forms C-104 must be filed for each pool in multiply

NO OF CORIES BEC			
NO. OF COPIES RECEIVED			<u> </u>
SANTA FE			
FILE			
U.S.G.S.			
LAND OFFICE			
TRANSPORTER	OIL		
THE STATE OF THE S	GAS		
OPERATOR			

DISTRIBUT	ION	EW MEXICO OIL	CONSERVATION COMMISSIC	Form C-104
SANTA FE			FOR ALLOWABLE	Supersedes Old C-104 and C-11
FILE			AND	Effective 1-1-65
U.S.G.S.		AUTHORIZATION TO TR	ANSPORT OIL AND NATURAL	_ GAS
LAND OFFICE				
TRANSPORTER				
OPERATOR	GAS			
PROPATION OF	FICE			
Operator	1,02			
Gulf 011 G	rporation			
Address				
Box 670, H	Abbs. New 1	Mexico 88240		
Reason(s) for filing			Other (Please explain)	
New Well		Change in Transporter of:		
Recompletion		Oil Dry G	To show gas	transporters
Change in Ownersh	1p	Casinghead Gas Conde	ensate	
If change of owner	rehin give neme			
and address of pre				
II. DESCRIPTION (<u> DF WELL ANI</u>	Well No. Pool Name, Including I	Formation Kind of Le	089
Control Dri	whend Hedd		State, Fed	
Location	HEALT OILL	130 Drinkard	otate, i da	eral or Fee Fee
Unit Letter	D ; 66	Manakh	. 440	7 to A
Unit Letter	<u> </u>	Feet From The North Li	ne and <u>660</u> Feet Fro	m The
Line of Section	33 T	Township 21-8 Range	37-E , NMPM, L	County
			7.1	County
III. DESIGNATION (OF TRANSPO	RTER OF OIL AND NATURAL GA	AS	
Name of Authorized			Address (Give address to which app	proved copy of this form is to be sent)
Mobil Pipel			Box 900, Dallas, T	exa s
Name of Authorized			Address (Give address to which app	proved copy of this form is to be sent)
Marron Pota	Atam carb		Bar 1175" Envio	clahoma
If well produces oil		Unit Sec. Twp. Rge.	Is gas actually connected?	When
give location of tar	.ks.	E 33 21-S 37-1	E Yes	Unic.
		with that from any other lease or pool,	give commingling order number:	
IV. COMPLETION I	ATA	Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.
Designate Ty	pe of Complet	tion – (X)	Noticover Deepen	Plug Buck Sume Resv. Din. Resv.
Date Spudded		Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
			13131 2 5 pt	1.55.
Elevations (DF, RK	B, RT, GR, etc.	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
	_,,,,			
Perforations				Depth Casing Shoe
		TUBING, CASING, AN	D CEMENTING RECORD	
HOLE	SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
	D REQUEST		ifter recovery of total volume of load o epth or be for full 24 hours)	il and must be equal to or exceed top allow-
OIL WELL Date First New Oil	Bun To Tanks	Date of Test	Producing Method (Flow, pump, gas	lift, etc.)
Date : Not Non On		200 01 1000	Trouble (Troub, pane)	13,1, 01017
Length of Test		Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During	Test	Oil-Bbls.	Water-Bbls.	Gas-MCF
,				
\ <u>-</u>				
GAS WELL				
Actual Prod. Test-	MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pil	ot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
		<u> </u>		
VI. CERTIFICATE	OF COMPLIA	NCE	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. ORIGINAL SIGNED BY		regulations of the Oil Conservation	APPROVED	, 19
		he best of my knowledge and belief.	BY	Anos
		1 / Surface	1	
		TITLE		
	C. D. BORLAND			compliance with RULE 1104.
			If this is a request for all	owable for a newly drilled or deepened
_		nature)	well, this form must be accomp tests taken on the well in acc	panied by a tabulation of the deviation ordance with RULE 111.
Area Produc			All sections of this form u	nust be filled out completely for allow-
		Title)	able on new and recompleted	
Jamuary 16,		Date)	Fill out only Sections I, well name or number, or transport	II, III, and VI for changes of owner, orten or other such change of condition.
	(1	/	1	ist be filed for each pool in multiply
			completed wells.	• • • • • • • • • • • • • • • • • • • •

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