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TRANSPORTER	OIL	
	GAS	
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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

Operator Gulf Oil Corporation	
Address P. O. Box 670, Hobbs, N.M. 88240	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input checked="" type="checkbox"/>	Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
Recompletion <input type="checkbox"/>	New Well
Change in Ownership <input type="checkbox"/>	

If change of ownership give name
and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name H. T. Mattern (NCT-F)	Well No. 2	Pool Name, Including Formation Arrowhead	Kind of Lease State, Federal or Fee	Lease No. Fee
Location Unit Letter <u>A</u> ; <u>660</u> Feet From The <u>north</u> Line and <u>660</u> Feet From The <u>east</u> Line of Section <u>1</u> Township <u>22S</u> Range <u>36E</u> , NMPM, <u>Lea</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Shell Pipeline Corporation	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1910, Midland, Texas 79701					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Warren Petroleum Corporation	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1589, Tulsa, Oklahoma 74100					
If well produces oil or liquids, give location of tanks.	Unit D	Sec. 7	Twp. 22S	Rge. 37E	Is gas actually connected? Yes	When 2-14-72

If this production is commingled with that from any other lease or pool, give commingling order number: CTB-196

V. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded 1-25-72	Date Compl. Ready to Prod. 2-7-72		Total Depth 3900'		P.B.T.D. 3860'			
Elevations (DF, RKB, RT, GR, etc.) 3476' GL	Name of Producing Formation Grayburg		Top Oil/Gas Pay 3652'		Tubing Depth 3830'			
Perforations 3652-54', 3704-06' and 3797-99'					Depth Casing Shoe 3900'			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
11"	8-5/8"		358'		200 sx circulated			
7-7/8"	5-1/2"		3900'		425 sx (TOC @ 2153')			
	2-3/8"		3830'					

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 2-7-72	Date of Test 2-14-72	Producing Method (Flow, pump, gas lift, etc.) pump	
Length of Test 24	Tubing Pressure --	Casing Pressure --	Choke Size 2"
Actual Prod. During Test 70	Oil-Bbls. 62	Water-Bbls. 8 (load water)	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

I. 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.

E. J. Kallies
(Signature)

Area Engineer

(Title)

2-14-72

(Date)

OIL CONSERVATION COMMISSION

APPROVED FEB 16 1972, 19

BY Les Clements
Oil & Gas Insp.

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 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.

Supersede Form C-104 must be filed for each well in compliance