8.	NO. OF COPIES RECEIVED DISTRIBUTION SANTA FE FILE U.S.G.S. LAND OFFICE I RANSPORTER OIL GAS OPERATOR PRORATION OFFICE Operator Gulf Oil Corporation Address Box 670, Hobbs, New Me Reason(s) for filing (Check proper box) New Well Recompletion	REQUEST AUTHORIZATION TO TRA		ory, drilled deeper and
	Change in Ownership	Casinghead Gas 🚺 Conden		
II. DESCRIPTION OF WELL AND LEASE				
	Lease Name	Well No. Pool Name, Including Fo	ormation Kind of Lease State, Federal	Dec
H. T. Mattern (NCT-B) 17 Drinkard State, Federal or Fee Fee				Fee Fee
	Unit LetterC ; 380 Feet From The North Line and 1650 Feet From The West			
Line of Section 31 Township 21-S Range 37-E , NMPM, Lea Count				
	DECIONATION OF TRANSPORT	TER OF OUL AND NATURAL CA	.c	
	Name of Authorized Transporter of Oil	TER OF OIL AND NATURAL GA	Address (Give address to which approv	ed copy of this form is to be sent)
	Texas-New Mexico Pipeline Company		Box 1510, Midland, Texas 79701	
	cme of Authorized Transporter of Casinghead Gas 🚺 or Dry Gas 🚺		Address (Give address to which approved copy of this form is to be sent)	
	Warren Petroleum Corpo		Box 1589, Tulsa, Oklaho	
	If well produces oil or liquids,	Unit Sec. Twp. Pge.	Is gas actually connected? Whe	
1	give location of tanks.	<u>P 30 21-S 37-E</u>	Yes	February 23, 1976
		h that from any other lease or pool,	give commingling order number:	· · · · · · · · · · · · · · · · · · ·
IV.	COMPLETION DATA	Oll Well Gas Well	New Well Workover Deepen	Plug Back   Same Resty. Diff. Resty.
	Designate Type of Completio	n - (X) XX	xx	xx
	Date Sunstand Recompleted	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
	2-6-76	2-6-76	6810'	6766'
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oll/Gas Pay	Tubing Depth
	3510' GL	Drinkard	6488'	6445' Depth Casing Shoe
	erforations			6809'
	6488' to 6731' 6809' 6809'		1_000	
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
	11"	8-5/8"	1226'	375 sacks (Circulated)
	7-7/8"	5-1/2"	5800'	730 sacks (TOC at 1395'
	4-3/4"	4" Liner, Top at		80 sacks (TOC at 5738'
		2-3/8"	6445'	1
V.	TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed top able for this depth or be for full 24 hours)			
OIL WELL Date First New Oil Run To Tanks Date of Test Producing Method (Flow, pump, gas lif				(, etc.)
	2-6-76	2-26-76	Pumping	
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size
	24 hours		Water Dhis	2 <sup>11</sup> Gas-MCF
	Actual Prod. During Test	Oil-Bhls.	Water-Bbls.	
115 barrels 88 27 (Load Water)				
	GAS WELL		Corrected Gra	avity = 39.4
Í	Actual Prod. Test-MCF/D	Length of Teet	Bble. Condensate/MMCF	Gravity of Condenacte
ļ	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
VI.	CERTIFICATE OF COMPLIANCE		OIL CONSERVATION COMMISSION	
	I hereby cortify that the rules and r	egulations of the Oil Conservation	APPROVED FEB 27 1976 . 19	
	Commission have been complied w	ith and that the information given	BY Service tentor	
	above is true and complete to the	oest of my knowledge and bettel.		
			TITLE	
	S. F. Berlin		This form is to be filed in compliance with RULE 1104. If this is a request for allowable for a newly drilled or detailed by a dayled by a	
	(Signa	ture)	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 sli- able 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.	
	Area Engineer			
	(Tit) Estructure 26	-		
	February 26, 1			
	(00			