1.	DISTRIBUTION  SANTA PE  REQUEST FOR ALLOWABLE  FILE  U.S.G.S.  LAND OFFICE  TRANSPORTER  GAS  OPERATOR  PRORATION OFFICE  OIL  Operator							der Old C-101 and C-1	
	Gulf Oil Corporation  Address  P. O. Box 670, Hole Reason(s) for filing (Check proper box New Well Recompletion Change in Ownership  If change of ownership give name	bbs, NM 88240	sporter of:	as [] (	The (Please ex Commingle existing D	down he	ole Blinebr	y with	
EX.	DESCRIPTION OF WELL AND	LEASE							
	H. T. Mattern (NCT-B)  Well No. Pool Name, Including I  House Name   Pool Name   Pool Name   Including I  Blinebry			ormation Kind of Lease State, Federa				Lease No.	
	Unit Letter 0 , 510 Feet From The South Line and 2310 Feet From The East								
	Line of Section 30 To	wnship 21-S	Range	37-E	, NMPM,		Lea	County	
<b>.</b>	DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS    Name of Authorized Transporter of Oil				va addease to w	hich appro	and apply of this fo		
	Texas New Mexico Pipeline Company			Address (Give address to which approved copy of this form is to be sent)  Box 1510, Midland, TX 79701					
	Name of Authorized Transporter of Casinghead Gas K or Dry Gas Warren Petroleum Corporation			Address (Give address to which approved copy of this form is to be sent)  Box 1589, Tulsa, OK 74101					
	If well produces oil or liquids, give location of tanks.	Unit Soc. P 30	Twp. Pge. 21-S 37-E	Is gas actua Unkn	lly connected?	Whe	n		
י ע	If this production is commingled with COMPLETION DATA	th that from any other	er lease or pool,	give commin	gling order nu	mber:	DHC-207		
`	Designate Type of Completion - (X)				Workover [	Decpen	1 1	ne Resty. Diff. Resty.	
	Dute Scarcex Recompleted Date Compl. F		o Prod.	Total Depth			P.B.T.D.		
	1-13-77 Elevations (DF, RKB, RT, GR, etc.)	1-13-77 Name of Producing F			6805		5685 Tubing Depth		
	3497 GL Blinebry			5555			. word copin		
	Perforations 5555 to 5670						Depth Casing Sh	00	
ļ		CEMENTING RECORD			·				
-	HOLE SIZE			DEPTH SET		·	SACKS CEMENT 400 sacks (circulated)		
ł	7-7/8"		5-1/2"		1207 5761		465 sacks (TOC @ 2266)		
	4-3/4"	4 2-3/8		6805 (to	р @ 5696)			(TOC @ 5696)	
, L	MENN MANA AND DEPOSICEMENT EN	5670							
-	TEST DATA AND REQUEST FO OIL WELL	ter recovery of total volume of load oil and must be equal to or exceed top all pth or be for full 24 hours)							
		1-13-77 Date of Test 1-13-77		Producing Method (Flow, pump, Ess lif			(i, etc.)		
ŀ	1-13-77 1-13  ength of Tost Tubing Pressur			SWab Casing Pressure		· · · · · · · · · · · · · · · · · · ·	Choke Size		
	12 hours			<b></b>			2"		
	Actual Pred, During Test  67 Bb1s	Oil - Ebla.		Water-Bbla. 52			Gas-MCF		
'-		L		<u> </u>	•				
<u></u>	GAS WELL	WELL. il Frod. Test-MCF/D   Longth of Test		Dblg Condessale AMCS			Gravity of Condensate		
İ	, , , , , , , , , , , , , , , , , , ,			Bbls. Condensete/MMCF			Signary or Conductants		
	Testing listhed (picot, back pr.)	Tubing Pressure (Shuk-in)		Casing Pressure (Shut-in)		Cheke Size			
<u>.</u> !. (	CERTIFICATE OF COMPLIANC	E			OIL CON	SERVA	TION COMMIS	SION	
I hereby certify that the rules and regulations of the Oil Connervation Commission have been compiled with and that the information given above is true and complete to the best of my knowledge and belief.				APPROVED JAN 2 19					
	. 0			TITLE SUPERISON DISTRICT					
	OTRANIM	`	This form is to be filed in c						
-	(Signature)				If this is a request for allowable for a newly drilled or deopened well, this form must be accompanied by a tobulation of the deviction				
•	Area Engineer	anna anna ann ann ann ann ann ann ann a		tents taken on the woll in accordance with RULE 111.  All ancilous of this form must be filled out completely for allo					
(Title) January 26, 1977				this on now and recompleted walls.  Fill out only Sections I, II, and VI for changes of owner,					
	(Dat	well name or number, or trensporter, or other such change of condition.							

RECENTED

JAN 27 1977

OIL CONSERVATION COMM. HOBBS, N. M.