

DISTRIBUTION			
SANTA FE			
FILE			
U.S.G.S.			
LAND OFFICE			
TRANSPORTER	OIL		
	GAS		
OPERATOR			
PRORATION OFFICE			

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 Box 670, Hobbs, New Mexico 88240	
Reason(s) for filing (Check proper box)	
New Well <input type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
Other (Please explain) Drilled deeper and completed in Drinkard	

If change of ownership give name and address of previous owner \_\_\_\_\_

DESCRIPTION OF WELL AND LEASE				
Lease Name H. T. Mattern (NCT-B)	Well No. 18	Pool Name, including Formation Drinkard	Kind of Lease State, Federal or Fee	Lease No. Fee
Location				
Unit Letter 0 ; 510 Feet From The South Line and 2310 Feet From The East				
Line of Section 30 Township 21-S Range 37-E, NMPM, Lea County				

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS				
Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>		Address (Give address to which approved copy of this form is to be sent)		
Texas-New Mexico Pipeline Company		Box 1510, Midland, Texas 79701		
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>		Address (Give address to which approved copy of this form is to be sent)		
Warren Petroleum Corporation		Box 1589, Tulsa, Oklahoma 74100		
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.
	P	30	21-S	37-E
Is gas actually connected?		When		
Yes		April 27, 1976.		

If this production is commingled with that from any other lease or pool, give commingling order number: \_\_\_\_\_

COMPLETION DATA				
Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover
	XX			
Date <del>Recompleted</del>	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.	
4-10-76	4-10-76	6805'	6762'	
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/ Gas Pay	Tubing Depth	
3497' GL	Drinkard	6487'	6428'	
Perforations	Depth Casing Shoe			
6487' to 6722'	6805'			

TUBING, CASING, AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
11"	8-5/8"	1207'	400 sacks (Circulated)
7-7/8"	5-1/2"	5761'	645 sacks (TOC at 2266')
4-3/4"	4" liner	6805' (Top at 5696')	75 sacks (TOC at 5696')
	2-3/8"	6428'	

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	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
4-10-76	5-6-76	Pump	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24 hours	--	--	2"
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF
105 barrels	50	55	--

GAS WELL		Corrected Gravity 38.6	
Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size

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.

D.F. Berlin  
(Signature)

Area Engineer  
(Title)

May 6, 1976  
(Date)

OIL CONSERVATION COMMISSION

MAY 7 1976

APPROVED \_\_\_\_\_, 19\_\_\_\_

BY Jerry Lutz  
SUPERVISOR DISTRICT I

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.