

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-11
Effective 1-1-85

TA FE		
E		
G.S.		
D OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OFFICE		

I. Operator
Gulf Oil Corporation
Address
P. O. Box 670, Hobbs, N.M. 88240
Reason(s) for filing (Check proper box)
New Well ☒ Change in Transporter of:
Recompletion ☐ Oil ☐ Dry Gas ☐
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐
Other (Please explain)
New Well
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. 4	Pool Name, including Formation Drinkard	Kind of Lease State, Federal or Fee Fee	Lease No.
Location Unit Letter B ; 660 Feet From The north Line and 1650 Feet From The east Line of Section 1 Township 22S Range 36E , NMPM, Lea 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"/> Western Crude Oil Co., Inc.	Address (Give address to which approved copy of this form is to be sent) Box 1142, 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) Box 1589, Tulsa, Oklahoma 74100					
If well produces oil or liquids, give location of tanks.	Unit A	Sec. 1	Twp. 22S	Rge. 36E	Is gas actually connected? Yes	When 7-17-75

If this production is commingled with that from any other lease or pool, give commingling order number: **CTB-254**

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 6-3-75	Date Compl. Ready to Prod. 7-3-75		Total Depth 6800'		P.B.T.D. 6760'			
Elevations (DF, RKB, RT, GR, etc.) 3496' GL	Name of Producing Formation Drinkard		Top Oil/Gas Pay 6512'		Tubing Depth 6496'			
Perforations 6512-6684'					Depth Casing Shoe 6800'			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
11"	8-5/8"		1139'		440 sacks (circulated)			
7-7/8"	5-1/2"		6800'		700 sacks (TOC at 2346')			
	2-3/8"		6496'					

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 7-3-75	Date of Test 7-24-75	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 hours	Tubing Pressure 150#	Casing Pressure -	Choke Size 2" WO
Actual Prod. During Test 69	Oil - Bbls. 51	Water - Bbls. 18	Gas - MCF -

GAS WELL

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.

BJ Bankrat
(Signature)
Area Engineer
(Title)
7-25-75
(Date)

OIL CONSERVATION COMMISSION

APPROVED **JUL 30 1975**, 19
BY **John W. Ramsey**
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.

WELL NAME AND NUMBER _____ H. T. Mattern (NCT-F) No. _____

LOCATION _____ 660' ENL, 1650' ENL, Section 1-22S-36E
(New Mexico give U, S, T & R; Texas give S, Blk., Sur. & Twp. when required)

OPERATOR _____ GULF OIL CORPORATION

DRILLING CONTRACTOR _____ Capitan Drilling Co., Inc.

The undersigned hereby certifies that he is an authorized representative of the drilling contractor who drilled the above-described well and that he has conducted deviation tests and obtained the following results:

Degrees @ Depth	Degrees @ Depth	Degrees @ Depth	Degrees @ Depth
1/4 - 515	_____	_____	_____
3/4 - 1019	_____	_____	_____
1 - 1650	_____	_____	_____
1 - 2250	_____	_____	_____
1 1/4 - 2929	_____	_____	_____
1 1/2 - 3923	_____	_____	_____
1 - 5047	_____	_____	_____
1 1/2 - 5980	_____	_____	_____
1 3/4 - 6800	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Drilling Contractor Capitan Drilg. Co., Inc.

By Marvin L. Smith
Marvin L. Smith

Subscribed and sworn to before me this 24 day of June, 19 75

My Commission Expires:
June 1, 1977

Surge Davis
Notary Public
Ector County, Texas

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LAND OFFICE	
OPERATOR	

**NEW MEXICO OIL CONSERVATION COMMISSION
WELL COMPLETION OR RECOMPLETION REPORT AND LOG**

Form C-105
Revised 1-1-65

5a. Indicate Type of Lease	
State <input type="checkbox"/>	Lease <input checked="" type="checkbox"/>
5. State Oil & Gas Lease No.	

1a. TYPE OF WELL	
OIL WELL <input checked="" type="checkbox"/>	GAS WELL <input type="checkbox"/> DRY <input type="checkbox"/> OTHER <input type="checkbox"/>
b. TYPE OF COMPLETION	
NEW WELL <input checked="" type="checkbox"/> WORK OVER <input type="checkbox"/> DEEPEN <input type="checkbox"/>	PLUG BACK <input type="checkbox"/> DIFF. RESVR. <input type="checkbox"/> OTHER <input type="checkbox"/>

7. Unit Agreement Name
8. Farm or Lease Name
H. T. Mattern (NCT-F)
9. Well No.
4

2. Name of Operator	
Gulf Oil Corporation	
3. Address of Operator	
Box 670, Hobbs, N.M 88240	
4. Location of Well	

10. Field and Pool, or Well-leaf
Drinkard

UNIT LETTER <u>B</u>	LOCATED <u>660</u>	FET FROM THE <u>north</u>	LINE AND <u>1650</u>	FET FROM
THE <u>east</u>	LINE OF SEC. <u>1</u>	TWP. <u>22S</u>	RGE. <u>36E</u>	NMPM <input type="checkbox"/>

12. County
Lea

15. Date Spudded	16. Date T.D. Reached	17. Date Compl. (Ready to Prod.)	18. Elevations (DF, RKB, RT, GR, etc.)	19. Elev. Casinghead
6-3-75	6-20-75	7-3-75	3496' GL	-
20. Total Depth	21. Plug Back T.D.	22. If Multiple Compl., How Many	23. Intervals Drilled By	Rotary Tools
6800'	6760'	Single	Rotary 0-6800'	Cable Tools
24. Producing Interval(s), of this completion - Top, Bottom, Name				25. Was Directional Survey Made
6512' to 6684'				No
26. Type Electric and Other Logs Run				27. Was Well Cased
Gamma Ray Compensated Acoustic Log				No

28. CASING RECORD (Report all strings set in well)					
CASING SIZE	WEIGHT LB./FT.	DEPTH SET	HOLE SIZE	CEMENTING RECORD	AMOUNT PULLED
8-5/8"	24#	1139'	11"	440 sacks (circulated)	
5-1/2"	15.50#	6800'	7-7/8"	700 sacks (TOC at 2346')	

29. LINER RECORD				30. TUBING RECORD		
SIZE	TOP	BOTTOM	SACKS CEMENT	SCREEN	SIZE	DEPTH SET
					2-3/8"	6496'
						6461'

31. Perforation Record (Interval, size and number) Perforated 5-1/2" casing with 4, 1/2" JHPF at 6512-14', 6553-55', 6580-82', 6617-19', 6653-55' and 6682-84'	32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.	
	DEPTH INTERVAL	AMOUNT AND KIND MATERIAL USED
	6512-6684'	3000 gals 15% NEA & fraced w/ 14,000 gals gel brine & 35,000 gals containing 1-2# SPG

33. PRODUCTION							
Date First Production		Production Method (Flowing, gas lift, pumping - Size and type pump)				Well Status (Prod. or Shut-in)	
7-3-75		Pump				Producing	
Date of Test	Hours Tested	Choke Size	Prod'n. For Test Period	Oil - Bbl.	Gas - MCF	Water - Bbl.	Gas - Oil Ratio
7-24-75	24	2" WO		51	-	18	-
Flowing Tubing Press.	Casing Pressure	Calculated 24-Hour Rate	Oil - Bbl.	Gas - MCF	Water - Bbl.	Oil Gravity - API (Corr.)	
150	-		51	-	18	36.8	

34. Disposition of Gas (Sold, used for fuel, vented, etc.)	Test Witnessed By
Sold	H. N. Hicks
35. List of Attachments	

36. I hereby certify that the information shown on both sides of this form is true and complete to the best of my knowledge and belief.

SIGNED B. J. Barbra TITLE Area Engineer DATE 7-25-75

INSTRUCTIONS

This form is to be filed with the appropriate District Office of the Commission not later than 20 days after the completion of any newly-drilled or reopened well. It shall be accompanied by one copy of all electrical and radio-activity logs run on the well and a summary of all special tests conducted, including drill stem tests. All depths reported shall be measured depths. In the case of directionally drilled wells, true vertical depths shall also be reported. For multiple completions, Items 30 through 34 shall be reported for each zone. The form is to be filed in quintuplicate except on state land, where six copies are required. See Rule 1105.

INDICATE FORMATION TOPS IN CONFORMANCE WITH GEOGRAPHICAL SECTION OF STATE

Southeastern New Mexico

Northwestern New Mexico

Anhy _____ 1100'	T. Canyon _____	T. Ojo Alamo _____	T. Penn. "B" _____
Salt _____ 1200	T. Strawn _____	T. Kirtland-Fruitland _____	T. Penn. "C" _____
Salt _____ 2478	T. Atoka _____	T. Pictured Cliffs _____	T. Penn. "D" _____
Yates _____ 2647	T. Miss _____	T. Cliff House _____	T. Leadville _____
7 Rivers _____ 2892	T. Devonian _____	T. Menefee _____	T. Madison _____
Queen _____ 3340	T. Silurian _____	T. Point Lookout _____	T. Elbert _____
Grayburg _____ 3635	T. Montoya _____	T. Mancos _____	T. McCracken _____
San Andres _____ 3850	T. Simpson _____	T. Gallup _____	T. Ignacio Qtzte _____
Glorieta _____ 5138	T. McKee _____	Base Greenhorn _____	T. Granite _____
Paddock _____	T. Ellenburger _____	T. Dakota _____	T. _____
Blaine _____ 5506	T. Gr. Wash _____	T. Morrison _____	T. _____
Tubb _____ 6192	T. Granite _____	T. Todilto _____	T. _____
Drinkard _____ 6499	T. Delaware Sand _____	T. Entrada _____	T. _____
Abo _____ 6758	T. Bone Springs _____	T. Wingate _____	T. _____
Wolfcamp _____	T. Penrose _____ 3448'	T. Chinle _____	T. _____
Penn. _____	T. _____	T. Permian _____	T. _____
Cisco (Bough C) _____	T. _____	T. Penn. "A" _____	T. _____

FORMATION RECORD (Attach additional sheets if necessary)

From	To	Thickness in Feet	Formation	From	To	Thickness in Feet	Formation
0	1100		Red Bed				
1100	2647		Anhydrite and salt				
2647	3635		Sand and dolomite				
3635	6758		Sand and dolomite and limestone				
6758-6800'			Shale, limestone and dolomite				