

NO. OF COPIES RECEIVED		
DISTRIBUTION		
SANTA FE		
FILE		
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OFFICE		

W 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)		Other (Please explain)
New Well <input type="checkbox"/>	Change In Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>	New Well
Recompletion <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	
Change In Ownership <input type="checkbox"/>		

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

Lease Name Central Drinkard Unit		Well No. 402	Pool Name, Including Formation Drinkard	Kind of Lease State, Federal or Fee Fee	Lease No.
Location Unit Letter N ; 550 Feet From The South Line and 2295' Feet From The West Line of Section 33 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"/> Texas-New Mexico Pipeline Company	Address (Give address to which approved copy of this form is to be sent) Box 1510, 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 NW/4	Sec. 33	Twp. 21-S	Rge. 37-E	Is gas actually connected? Yes	When April 12, 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 <input type="checkbox"/> Gas Well <input checked="" type="checkbox"/> New Well <input type="checkbox"/> Workover <input type="checkbox"/> Deepen <input type="checkbox"/> Plug Back <input type="checkbox"/> Same Res'v. <input type="checkbox"/> Diff. Res'v. <input type="checkbox"/>		
Date Spudded 11-20-75	Date Compl. Ready to Prod. 12-15-75	Total Depth 6521'	P.B.T.D. 6508'
Elevations (DF, RKB, RT, GR, etc.) 3452' GL	Name of Producing Formation Drinkard	Top <input checked="" type="checkbox"/> Gas Pay 6374'	Tubing Depth 6345'
Perforations 6374' to 6482'			Depth Casing Shoe 6521'
TUBING, CASING, AND CEMENTING RECORD			
HOLE SIZE 11" 7-7/8"	CASING & TUBING SIZE 8-5/8" 5-1/2" 2-3/8"	DEPTH SET 1225' 6521'* 6345'	SACKS CEMENT 550 sacks (Circulated) 800 sacks (Circulated)
* DV tool at 1189'			

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.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

GAS WELL			
Actual Prod. Test-MCF/D 1120	Length of Test 24 hours	Bbls. Condensate/MMCF 11	Gravity of Condensate 42.8
Testing Method (pilot, back pr.) Back Pressure	Tubing Pressure (Shut-in) 600# (Flowing)	Casing Pressure (Shut-in) --	Choke Size 2-1/4" Orifice

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)
April 13, 1976
(Date)

OIL CONSERVATION COMMISSION

APPROVED [Signature], 19____

BY [Signature]

TITLE **SUPERVISOR DISTRICT I**

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

RECEIVED

APR 13 1966

ON CONSERVATION COMM.
U.S. DEPT. OF AGR.