Ι.	HO. OF COPIES RECEIVED DISTRIBUTION SANTA FE FILE U.S.G.S. LAND OFFICE IRANSPORTER OIL GAS OPERATOR PRORATION OFFICE	REQUEST	ONSERVATION COMMISSIC FOR ALLOWABLE AND INSPORT OIL AND NATURAL G	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 Other (Please explain) New Well Other (Please explain) Recompletion Other Other (Discover contents) New Well Change in Ownership Castinghead Gas Change of ownership give neme Condensate					
	and address of previous owner					
I.	ESCRIPTION OF WELL AND LEASE Well No. Pool Name, Including Formation Kind of Lease Lease No. Central Drinkard Unit 403 Drinkard State, Federal or Fee Fee Lease No. State, Federal or Fee Fee Lease No. Unit Letter M ; 330 Feet From The South Line and 1305 Feet From The West					
	Line of Section 33 Tow	mship 21–S Range	37-е , ммрм,	Lea County		
I.	Name of Authorized Transporter of Oil		Address (Give address to which approv			
	Texas-New Mexico Pipeline Company Name of Authorized Transporter of Casinghead Gas (x) Warren Petroleum Corporation If well produces oil or liquide,		Box 1510, Midland, Texas 79701 Address (Give address to which approved copy of this form is to be sent) Box 1589, Tulsa, Oklahoma 74100 Is gas actually connected?			
	give location of tanks.	<u>NW/4 33 21-S 37-E</u> h that from any other lease or pool,		April 12, 1976		
	COMPLETION DATA Designate Type of Completio	Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Res'v. Dlíf. Res'v.		
	Date Spudded 11-26-75	Date Compl. Ready to Prod. 1-8-76	Total Depth 6520'	P.B.T.D. 6496 '		
	Elevations (DF, RKB, RT, GR, etc.) 3452	Name of Producing Formation Drinkard	Top <u><u>Q</u><u></u> 6366'</u>	Tubing Depth 6378'		
	Perforations Depth Casing Shoe 6366' to 6418' 6520'					
	HOLE SIZE	TUBING, CASING, AND CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT		
	11" 7–7/8"	8-5/8" 5-1/2 s	1222' 6520'*	550 sacks (Circulated) 1000 sacks (Circulated)		
		2-3/8"	6378'	sauksGinteniateu/		
,	TEST DATA AND REQUEST FO	RALLOWABLE (Test must be at	DV tool at 1206 '	and must be equal to or exceed top allow-		
OIL WELL able for this depth or be for full 24 hours) Date First New Oil Run To Tanks Date of Tes: Producing Method (Flow, pump, gas lift, etc.)						
				Choke Size		
	Length of Test	Tubing Pressule	Casing Pressure			
	Actual Prod. During Test	Cll-Bbla.	Water-Bbl s.	Gαs-MCF		
	GAS WELL Actual Frod. Test-MCF/D	Length of Test	Bbls, Condensate/MMCF	Gravity of Condensate		
	1339 Testing Method (pitot, back pr.)	24 hours Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	== Choko Size		
	Back Pressure	1000# (Flowing)		2-1/4" Orfice		
f.	CERTIFICATE OF COMPLIANC	CE	OH CONSERVA	TON COMMISSION		
Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.			APPROVED			
					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.	