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|------------------|-----|--|--|
| 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, N.M 88240 | |
| Reason(s) for filing (Check proper box) | Other (Please explain) |
| New Well <input type="checkbox"/> | New Well - Gas |
| Recompletion <input type="checkbox"/> | |
| Change in Ownership <input type="checkbox"/> | |
| Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/> | |

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

I. DESCRIPTION OF WELL AND LEASE

| | | | | |
|---|-----------------|--|--|------------------|
| Lease Name Central Drinkard Unit | Well No. 405 | Pool Name, including Formation Drinkard | Kind of Lease State, Federal or Fee | Lease No. Fee |
| Location Unit Letter <u>0</u> ; <u>660</u> Feet From The <u>south</u> Line and <u>1535</u> Feet From The <u>east</u> Line of Section <u>32</u> Township <u>21S</u> Range <u>37E</u> , NMPM, Lea. County | | | | |

II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

| | |
|--|---|
| Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> Texas-New Mexico Pipeline Co. | 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 type="checkbox"/> or Dry Gas <input checked="" 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 Sec. Twp. Rge. NW/4 33 21S 37E | Is gas actually connected? When Yes 4-15-76 |

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

III. COMPLETION DATA

| | | | | | | | | |
|--|---|-------------------------------------|----------------------------|----------|--------|-----------|--------------|---------------|
| Designate Type of Completion - (X) | Oil Well | Gas Well | New Well | Workover | Deepen | Plug Back | Same Res'tv. | Diff. Res'tv. |
| | | X | X | | | | | |
| Date Spudded 12-10-75 | Date Compl. Ready to Prod. 1-24-76 | Total Depth 6526' | P.B.T.D. 6510' | | | | | |
| Elevations (DF, RKB, RT, GR, etc.) 3460' GL | Name of Producing Formation Drinkard | Top 22 /Gas Pay 6376' | Tubing Depth 6352' | | | | | |
| Perforations 6376' - 6442' | | | Depth Casing Shoe 6526' | | | | | |

TUBING, CASING, AND CEMENTING RECORD

| | | | |
|-------------------|----------------------|-----------|---------------------|
| HOLE SIZE | CASING & TUBING SIZE | DEPTH SET | SACKS CEMENT |
| 11" | 8-5/8" | 1210' | 550 sx (circulated) |
| 7-7/8" | 5-1/2" | 6526'* | 875 sx (circulated) |
| | 2-3/8" | 6352' | |
| *DV tool at 1205' | | | |

IV. 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 1139 | Length of Test 24 hours | Bbls. Condensate/MMCF 7 | Gravity of Condensate 39.5 |
| Testing Method (pitot, back pr.) Back Pressure | Tubing Pressure (Shut-in) 450# (flowing) | Casing Pressure (Shut-in) - | Choke Size 2-1/4" plate |

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. T. Berlin
(Signature)
Area Engineer
4-15-76
(Title)
(Date)

OIL CONSERVATION COMMISSION

APPROVED APR 16 1976, 19____
BY [Signature]
TITLE [Signature]

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 15 1978

OIL CONSERVATION COMMISSION
HOUSTON, TEXAS