

DISTRIBUTION			
SANTA FE			
F.R.C.			
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)	
New Well <input checked="" 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) New Well	

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

DESCRIPTION OF WELL AND LEASE				
Lease Name Central Drinkard Unit	Well No. 409	Pool Name, including Formation Drinkard	Kind of Lease State, Federal or Fee	Lease No. Fee
Location				
Unit Letter C : 977 Feet From The north Line and 2236 Feet From The west				
Line of Section 28 Township 21S Range 37E, NMPM, Lea County				

I. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS				
Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Shell Pipe Line Corporation		Address (Give address to which approved copy of this form is to be sent) Box 1910, Midland, Texas 79701		
Name of Authorized Transporter of Casinghead Gas <input 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, Okla. 74100		
If well produces oil or liquids, give location of tanks.	Unit K	Sec. 28	Twp. 21S	Rge. 37E
Is gas actually connected?		When		
Yes		4-27-76		

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

II. COMPLETION DATA									
Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res't.	Diff. Res't.
			X	X					
Date Spudded 1-17-76	Date Compl. Ready to Prod. 2-14-76		Total Depth 6513'		P.B.T.D. 6500'				
Elevations (DF, RKB, RT, CR, etc.) 3452' GI.	Name of Producing Formation Drinkard		Top Gas Pay 6359'		Tubing Depth 6363'				
Perforations 6359' to 6395'					Depth Casing Shoe 6513'				
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT				
11"	8-5/8"		1250'		550 sx (circulated)				
7-7/8"	5-1/2"		6513'		650 sx (circulated)				
	2-3/8"		6363'						
*DV tool at 1186'									

III. 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 575	Length of Test 24 hours	Bbls. Condensate/MMCF 2	Gravity of Condensate 39.6
Testing Method (pitot, back pr.) Back Pressure	Tubing Pressure (Shut-in) 340 (flowing)	Casing Pressure (Shut-in) -	Choke Size 2 1/4" orifice

IV. 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

OIL CONSERVATION COMMISSION

APPROVED APR 23 1976 19____

BY [Signature]

TITLE SUPERVISOR

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 1111.

All sections of this form must be filled out completely for allowable on new and recompleted wells.