NO. OF COPIES RECEIVED		INSERVATION COMMISSION	Form C=104 Supersedes Old C=105 and C=110	
FILE	AND Effective 1-1-65			
U.S.G.S.	AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS			
TRANSPORTER OIL GAS				
OPERATOR PROBATION OFFICE			·	
Operator				
Gulf Oil Corporation				
Box 670, Hobbs, N.M. 88 Reason(s) for filing (Check proper box)	3240	Other (Please explain)		
New Woll	Change in Transporter of: New Well			
Recompletion	Oil Dry Gas		We <u>ll</u>	
Change in Ownership	Cosinghead Gas Condens	sate		
If change of ownership give name and address of previous owner				
DESCRIPTION OF WELL AND L	EASE			
Lease Name	Well No. Pool Name, Including Fo 413 Drinkard	rmation Kind of Lease State, Federal		
Central Drinkard Unit	41.5 Diriikard			
	D_Feet From TheNorth_Line	and <u>1857</u> Feet From T	he east	
Line of Section 29 Tow	nship <u>21</u> S Range	37E , NMPM, Lea	County	
DESIGNATION OF TRANSPORT	ER OF OH, AND NATURAL GA	S	red copy of this form is to be sent)	
		Address (Give address to which approved copy of this form is to be sent) Box 1910, Hidland, Texas 79701		
Shell Pipe Line Corporation		Box 1910, Midland, Texas 79701 Address (Give address to which approved copy of this form is to be sent)		
Warren Petroleum Corporation		Box 1589, Tulsa, Okla. 74100		
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. P.ge. J 29 21S 37E	Is gas actually connected? Whe Yes	4-27-76	
If this production is commingled wit . COMPLETION DATA	h that from any other lease or pool, Oil Well Gas Well	give commingling order number:	Plug Back Same Res'v. Diff. Res'v.	
Designate Type of Completio				
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.	
2-15-76	3-15-76	6534	6522 *	
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Cil/XERS Pay 6438	Tubing Depth 6432	
3472 GL	Drinkard	0438.	Depth Casing Shoe	
Perforations 6438 & 6463			6533*	
		CEMENTING RECORD		
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	550 sx (circulated)	
11:2	8-5/81	1250 * 6533 * *	800 sx (circulated)	
7-7/8:*	<u>5-1/211</u> 2-3/8 ¹¹	6/.32*		
		*DV tool at 1135!		
. TEST DATA AND REQUEST FO	DR ALLOWABLE (Test must be a able for this de	fter recovery of total volume of load oil pth or be for full 24 hours)	and must be equal to or exceed top allow-	
OIL WELL Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas li	ft, etc.)	
3-15-76	3-19-76	Flow	Chaba Stra	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size $2\frac{1}{L}$ orifice	
24 hours	325# (flowing)	Water-Bbls.	Gas-MCF	
Actual Prod. During Test 21	Oil-Eble.	15 (load water)	333	
			t 1	
GAS WELL			rected gravity 39.3	
Actual Prod. Test-MCF/D	Length of Test	Bbls, Condensate/MMCF	Gravity of Condensate	
Testing Method (pitot, back pr.)	Tubing Prossure (Ehut-in)	Casing Pressure (Shut-in)	Choko Size	
I. CERTIFICATE OF COMPLIANCE		OIL CONSERVATION COMMISSION		
I hereby certify that the rules and regulations of the Oli Conservation				
Complete have been complied t	Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.		Serto-	
above is true and complete to the	DERT OF MY KNOWLEDGE AND DELIGI.	BY Any		
0		TITU	R DISTRICT	
ATD II: AA		This form is to be filed in	compliance with Rows 1104	
J.J. Derlin			If this is a request for sllowship for a newly drilled or despendent well, this form must be accompanied by a tabulation of the deviation well, this form must be accompanied by a tabulation of the deviation	
- all Dean		If this is a request for allo	anted by a tabulation of the occurrence	
	asure)	If this is a request for allo well, this form must be accomp tests taken on the well in acco	anies by a rabbinition of the deviction	
Area Engineer	asuro) (le j	If this is a request for allo well, this form nust be accomp tests taken on the well in acco All rections of this form m which we new and recompleted b	ust be filled out completely for allow	