

DISTRIBUTION			
SANTA FE			
FILE			
U.S.G.S.			
LAND OFFICE			
TRANSPORTER	OIL		
	GAS		
OPERATOR			
PRODUCTION 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. 38240	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input checked="" type="checkbox"/>	New Well.
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 _____

Lease Name Central Drinkard Unit		Well No. 414	Pool Name, including Formation Drinkard	Kind of Lease State, Federal or Fee	Fee	Lease No.
Location Unit Letter <u>H</u> ; <u>1728'</u> Feet From The <u>north</u> Line and <u>1250</u> Feet From The <u>east</u> Line of Section <u>28</u> Township <u>21S</u> Range <u>37E</u> , NMPM, Lea County						

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 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, Okla. 74100				
If well produces oil or liquids, give location of tanks.	Unit K	Sec. 28	Twp. 21S	Range 37E	Is gas actually connected? Yes	When 4-27-76

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

Designate Type of Completion - (X)		Oil Well <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input checked="" 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 3-15-76	Date Compl. Ready to Prod. 4-1-76	Total Depth 6543'		P.B.T.D. 6525'					
Elevations (DF, RKB, RT, GR, etc.) 3443' GL	Name of Producing Formation Drinkard	Top Oil/Gas Pay 6397'		Tubing Depth 6410'					
Perforations 6397' & 6439'				Depth Casing Shoe					

TUBING, CASING, AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
11"	8-5/8"	1200'	500 sx (circulated)
7-7/8"	5-1/2"	6543'*	800 sx (circulated)
	2-3/8"	6410'	
*DV tool at 1164'			

V. TEST DATA AND REQUEST FOR ALLOWABLE (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 4-1-76	Date of Test 4-9-76	Producing Method (Flow, pump, gas lift, etc.) Flowing	
Length of Test 24 hours	Tubing Pressure 340# (flowing)	Casing Pressure -	Choke Size 2 1/4" orifice
Actual Prod. During Test 52	Oil - Bbls. 10	Water - Bbls. 42	Gas - MCF 605

GAS WELL		Corrected gravity 39.6	
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

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)	OIL CONSERVATION COMMISSION APPROVED _____, 19____ BY _____ TITLE _____ 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 recompleting wells.
--	--