

NO. OF COPIES RECEIVED	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL GAS
OPERATOR	
PERFORATION 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, New Mexico 88240	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input 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 _____

I. DESCRIPTION OF WELL AND LEASE

Lease Name Central Drinkard Unit	Well No. 415	Pool Name, Including Formation Drinkard	Kind of Lease State, Federal or Fee Fee	Lease No.
Location Unit Letter I ; 2212 Feet From The South Line and 1146 Feet From The East Line of Section 28 Township 21-S Range 37-E, 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"/>	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"/>	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 K	Sec. 28	Twp. 21-S	Rge. 37-E	Is gas actually connected? Yes	When May 3, 1976

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

V. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
		XX	XX					
Date Spudded 3-27-76	Date Compl. Ready to Prod. 4-28-76		Total Depth 6498'			P.B.T.D. 6480'		
Elevations (DF, RKB, RT, GR, etc.) 3428' GL	Name of Producing Formation Drinkard		Top Gas Pay 6376'			Tubing Depth 6402'		
Perforations 6376' & 6425'						Depth Casing Shoe 6498'		
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET			SACKS CEMENT		
11"	8-5/8"		1215'			500 sacks (Circulated)		
7-7/8"	5-1/2"		6498' *			800 sacks (Circulated)		
	2-3/8"		6402'					
* DV tool at 1214'								

VI. 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 1425	Length of Test 24 hours	Bbls. Condensate/MMCF 3	Gravity of Condensate 39.3
Testing Method (pitot, back pr.) Back Pressure	Tubing Pressure (shut-in) 840# Flowing	Casing Pressure (shut-in) --	Choke Size 2-1/4" Orifice

III. 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
(Title)

May 4, 1976

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 allowables on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of owner, lease, or number, or transporter, or other such change of condition.