

JURISDICTION
 STATE OF
 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 OIL C-101 and C-1
 Effective 1-1-65

I. Operator
 Gulf Oil Corporation
 Address
 Box 670, Hobbs, New Mexico 88240
 Reason(s) for filing (check proper box)
 New Well ☐ Change in Transporter of:
 Recompletion ☐ Oil ☐ Dry Gas ☐
 Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐
 Other (Please explain)
 To show 2 gas transporters, effective August 18, 1977

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE
 Lease Name: Central Drinkard Unit
 Well No.: 416
 Pool Name, including Formation: Drinkard
 Kind of Lease: State, Federal or Fee
 Fee
 Location
 Unit Letter: P
 1305 Feet From The South Line and 348 Feet From The East
 Line of Section: 28 Township: 21-S Range: 37-E, NMPM, Lea County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS
 Name of Authorized Transporter of Oil ☐ or Condensate ☒
 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 ☐ or Dry Gas ☒
 Skelly Oil Company
 Warren Petroleum Corporation
 Address (Give address to which approved copy of this form is to be sent)
 Box 1135, Eunice, New Mexico 88231
 Box 1589, Tulsa, Oklahoma 74109
 If well produces oil or liquids, give location of tanks.
 Unit: Sec.: Twp.: Rge.:
 Is gas actually connected? Yes
 When: 7-29-76
 8-18-77

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

IV. COMPLETION DATA
 Designate Type of Completion - (X)
 Oil Well Gas Well New Well Workover Deepen Plug Back Same Restv. Diff. Restv.
 Date Spudded Date Compl. Ready to Prod. Total Depth P.D.T.D.
 Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation Top Oil/Gas Pay Tubing Depth
 Perforations Depth Casing Shoe
 TUBING, CASING, AND CEMENTING RECORD
 HOLE SIZE CASING & TUBING SIZE DEPTH SET SACKS CEMENT

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (Test must be after recovery of total volume of land 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 Length of Test Bbls. Condensate/MMCF Gravity of Condensate
 Testing Method (pilot, back pr.) Tubing Pressure (shut-in) Casing Pressure (shut-in) Choke Size

VI. 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.
 A. B. Sikes, Jr.
 Area Engineer
 August 19, 1977

OIL CONSERVATION COMMISSION
 APPROVED
 BY: Jerry Sexton
 TITLE: Dist. 1, Supv.
 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 deviate 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.