

NO. OF COPIES RECEIVED	
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-101 and C-102
Effective 1-1-65

Operator GULF OIL CORPORATION	
Address P.O. Box 670, Hobbs, NM 88240	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well ☒	New well
Recompletion ☐	
Change in Ownership ☐	
Change in Transporter of: Oil ☐ Dry Gas ☐ Casinghead Gas ☐ Condensate ☐	

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

I. DESCRIPTION OF WELL AND LEASE

Lease Name Central Drinkard Unit	Well No. 425	Pool Name, Including Formation Drinkard	Kind of Lease State, Federal or Fee	Fee	Lease No. --
Location Unit Letter <u>G</u> ; <u>2310</u> Feet From The <u>North</u> Line and <u>2310</u> Feet From The <u>East</u> Line of Section <u>28</u> Township <u>21S</u> Range <u>37E</u> , NMPM, <u>Lea</u> County					

I. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☐ or Condensate ☒ Shell Pipeline Corp.	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1910, Midland, TX 79701					
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☒ Warren Petroleum	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1589, Tulsa, OK 74100					
If well produces oil or liquids, give location of tanks.	Unit K	Sec. 28	Twp. 21S	Rge. 37E	Is gas actually connected? No	When

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 Restv.	Diff. Restv.
		XX	XX					
Date Spudded 10-16-79	Date Compl. Ready to Prod. 11-10-79		Total Depth 6550'		P.B.T.D. 6518'			
Elevations (DF, RKB, RT, GR, etc.) 3439' GL	Name of Producing Formation Drinkard		Top Oil/Gas Pay 6368'		Tubing Depth 6374'			
Perforations 6368-70'; 6390-92'; 6406-08'; 6426-28'; 6457-59'; 6472-74'					Depth Casing Shoe --			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12 1/2"	8-5/8" 24#		1193'		550 - circulated			
7-7/8"	5 1/2" 14# & 15.5#		6550'		1850 - circulated			
	2-3/8" tbg		6374'					

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	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 870	Length of Test 24 hrs	Bbls. Condensate/MMCF 1	Gravity of Condensate 40.1° API
Testing Method (flow, back pr.) flow test	Tubing Pressure (shut-in) 909#	Casing Pressure (shut-in) pkr	Choke Size 22/64

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.

N. P. Sikes, Jr.
(Signature)
Area Engineer
(Title)
11-20-79

OIL CONSERVATION COMMISSION	
APPROVED	JAN 18 1980
BY	<u>[Signature]</u>
TITLE	SUPERVISOR DISTRICT I
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 logs taken on the well in accordance with RULE 111.	
All portions of this form must be filled out completely for allow-	
able on new and re-completed wells.	
Fill out only I, II, III, and IV for change of owner,	
and V for other such change of conditions.	