

|                   |            |
|-------------------|------------|
| DISTRIBUTION      |            |
| SANTA FE          |            |
| FILE              |            |
| U.S.G.S.          |            |
| LAND OFFICE       |            |
| TRANSPORTER       | OIL<br>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-103 and C-104  
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 <input checked="" type="checkbox"/> | Change in Transporter of:                                                   | New Well |
| Recompletion <input type="checkbox"/>        | Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>               |          |
| Change in Ownership <input type="checkbox"/> | Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/> |          |

If change of ownership give name and address of previous owner \_\_\_\_\_

DESCRIPTION OF WELL AND LEASE

|                                                                                                             |                        |                                                   |                                                   |                        |
|-------------------------------------------------------------------------------------------------------------|------------------------|---------------------------------------------------|---------------------------------------------------|------------------------|
| Lease Name<br><b>Central Drinkard Unit</b>                                                                  | Well No.<br><b>426</b> | Pool Name, including Formation<br><b>Drinkard</b> | Kind of Lease<br>State, Federal or Fee <b>Fee</b> | Lease No.<br><b>--</b> |
| Location                                                                                                    |                        |                                                   |                                                   |                        |
| Unit Letter <b>H</b> ; <b>2530</b> Feet From The <b>North</b> Line and <b>220</b> Feet From The <b>East</b> |                        |                                                   |                                                   |                        |
| Line of Section <b>29</b> Township <b>21S</b> Range <b>37E</b> , NMPM, Lea County                           |                        |                                                   |                                                   |                        |

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

|                                                                                                                                                                                   |                                                                                                                                                       |                    |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|
| Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/><br><b>Shell Pipeline Corporation</b>                             | Address (Give address to which approved copy of this form is to be sent)<br><b>P.O. Box 1910, Midland, TX 79701</b>                                   |                    |
| Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/><br><b>Warren Petroleum Corporation<br/>Getty Oil Co.</b> | Address (Give address to which approved copy of this form is to be sent)<br><b>P.O. Box 1589, Tulsa, OK 74100<br/>P.O. Box 1135, Eunice, NM 88231</b> |                    |
| If well produces oil or liquids, give location of tanks.                                                                                                                          | Unit<br><b>J</b>                                                                                                                                      | Sec.<br><b>29</b>  |
|                                                                                                                                                                                   | Twp.<br><b>21S</b>                                                                                                                                    | Rge.<br><b>37E</b> |
|                                                                                                                                                                                   | Is gas actually connected? <b>No</b> When _____                                                                                                       |                    |

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

COMPLETION DATA

|                                                                               |                                                |           |                                 |          |                                |           |             |              |
|-------------------------------------------------------------------------------|------------------------------------------------|-----------|---------------------------------|----------|--------------------------------|-----------|-------------|--------------|
| Designate Type of Completion - (X)                                            | Oil Well                                       | Gas Well  | New Well                        | Workover | Deepen                         | Plug Back | Same Res'v. | Diff. Res'v. |
|                                                                               |                                                | <b>XX</b> | <b>XX</b>                       |          |                                |           |             |              |
| Date Spudded<br><b>9-17-79</b>                                                | Date Compl. Ready to Prod.<br><b>10-7-79</b>   |           | Total Depth<br><b>6550'</b>     |          | P.B.T.D.<br><b>6506'</b>       |           |             |              |
| Elevations (DF, RKB, RT, CR, etc.)<br><b>2530' GL</b>                         | Name of Producing Formation<br><b>Drinkard</b> |           | Top Oil/Gas Pay<br><b>6377'</b> |          | Tubing Depth<br><b>6328</b>    |           |             |              |
| Perforations<br><b>6377-79'; 6406-08'; 6438-40'; 6464-66'; &amp; 6483-85'</b> |                                                |           |                                 |          | Depth Casing Shoe<br><b>--</b> |           |             |              |

TUBING, CASING, AND CEMENTING RECORD

|                |                               |              |                          |
|----------------|-------------------------------|--------------|--------------------------|
| HOLE SIZE      | CASING & TUBING SIZE          | DEPTH SET    | SACKS CEMENT             |
| <b>12 1/2"</b> | <b>8-5/8" 24#</b>             | <b>1193'</b> | <b>550 - circulated</b>  |
| <b>7-7/8"</b>  | <b>5 1/2" 14# &amp; 15.5#</b> | <b>6550'</b> | <b>1450 - circulated</b> |
|                | <b>2-3/8" tbg</b>             | <b>6328'</b> |                          |

TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (Test must be after recovery of total volume of lead 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<br><b>1,047</b>            | Length of Test<br><b>24 hrs</b>           | Bbls. Condensate/MMCF<br><b>42</b>    | Gravity of Condensate<br><b>40.4° API</b> |
| Testing Method (pilot, back pr.)<br><b>Flow test</b> | Tubing Pressure (Shut-in)<br><b>1180#</b> | Casing Pressure (Shut-in)<br><b>0</b> | Choke Size<br><b>18/64"</b>               |

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.

**Glyn Stone**  
(Signature)  
**Area Engineer**  
(Title)  
**10-17-79**  
(Date)

OIL CONSERVATION COMMISSION  
APPROVED **Jan 17 1980**, 19\_\_\_\_  
BY **John W. Buzar**  
Geologist  
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 re-completed 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.