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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

I. Operator
GULF OIL CORPORATION
Address
P. O. Box 670, Hobbs, NM 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)
New Well

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Central Drinkard Unit	Well No. 432	Pool Name, Including Formation Drinkard	Kind of Lease State, Federal or Fee	Fee	Lease No. --
Location Unit Letter P ; 110 Feet From The South Line and 150 Feet From The East Line of Section 29 Township 21S Range 37E , NMPM, Lea County					

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> 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 <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> Warren Petroleum Corp.	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 J	Sec. 29	Twp. 21S	Rge. 37E	Is gas actually connected? No	When 5-22-80

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 Res'v.	Diff. Res'v.
			XX					
Date Spudded 1-2-80	Date Compl. Ready to Prod. 3-18-80		Total Depth 6550'		P.B.T.D. 6430'			
Elevations (DF, RKB, RT, GR, etc.) 3465' GL	Name of Producing Formation Drinkard		Top Oil/Gas Pay 6297'		Tubing Depth 2670'			
Perforations 6297'-6360' (12 holes)					Depth Casing Shoe --			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12 1/4"	8-5/8"		1192'		550 sx-circ			
7-7/8"	5-1/2"		6550'		1400 sx-circ			

V. 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 971	Length of Test 24 hrs	Bbls. Condensate/MMCF trace	Gravity of Condensate --
Testing Method (pilot, back pr.) flow test	Tubing Pressure (shut-in) 700#	Casing Pressure (shut-in) 0#	Choke Size 21/64"

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.

N.B. Sikes, Jr.
(Signature)

Area Engineer

(Title)

3-26-80

(Date)

OIL CONSERVATION COMMISSION

APPROVED MAY 23 1980, 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 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.

Separate Forms C-104 must be filed for each pool in multiply completed wells.