

SA	TA	FE
FI	ZE	
G.S.		
D OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OFFICE		

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUT. ORIZATION 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"/>	Abandoned Wantz Ago and recompleted in Drinkard. Well is connected to Warren's system but run to El Paso Nat. Gas Co. Account.
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 _____	

DESCRIPTION OF WELL AND LEASE				
Lease Name Euhank	Well No. 7	Pool Name, including Formation Drinkard	Kind of Lease State, Federal or Free	Lease No. Fee
Location Unit Letter <u>B</u> ; <u>450</u> Feet From The <u>North</u> Line and <u>2306'</u> Feet From The <u>East</u>				
Line of Section <u>22</u> Township <u>21-S</u> Range <u>37-E</u> , NMPM, Lea County				


DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS				
Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>		Address (Give address to which approved copy of this form is to be sent)		
Shell Pipe Line Corporation		Box 1910, Midland, Texas 79701		
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>		Address (Give address to which approved copy of this form is to be sent)		
Warren Petroleum Corporation		Box 1589, Tulsa, Oklahoma 74100		
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.
	B	22	21-S	37-E
Is gas actually connected?		When		
Yes		August 28, 1974		
If this production is commingled with that from any other lease or pool, give commingling order number: _____				

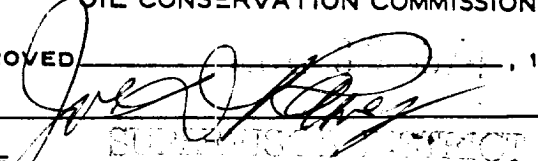
COMPLETION DATA				
Designate Type of Completion - (X)				
<input checked="" type="checkbox"/> Recompleted	<input type="checkbox"/> Oil Well	<input type="checkbox"/> Gas Well	<input type="checkbox"/> New Well	<input type="checkbox"/> Workover
<input type="checkbox"/> Deepen	<input type="checkbox"/> Plug Back	<input type="checkbox"/> Same Res'v.	<input type="checkbox"/> Diff. Res'v.	
Date Revised 11-25-73	Date Compl. Ready to Prod. 11-25-73	Total Depth 7630'	P.B.T.D. 6740'	
Elevations (DF, RKB, RT, GR, etc.) 3424' DF	Name of Producing Formation Drinkard	Top Oil/Gas Pay 6392'	Tubing Depth 6356'	
Perforations 6392' to 6618'			Depth Casing Shoe 7629'	

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17-1/4"	13-3/8"	306'	300 sacks (Circulated)
12-1/4"	9-5/8"	2799'	1400 sacks (TOC at 445')
8-3/4"	7"	7629'	750 sacks (TOC at 3400')
	2-3/8"	6356'	

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 950	Length of Test 24 hours	Bbls. Condensate/MMCF --	Gravity of Condensate --
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
Office Flow Meter	1200#	0 Packer	20/64"

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.	
	
Area Production Manager	
(Title)	
August 29, 1974	
(Date)	

OIL CONSERVATION COMMISSION	
APPROVED	19
BY	
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 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.	