

DISTRIBUTION			
SA	TA	FE	
E			
G.S.			
D	OFFICE		
TRANSPORTER	OIL		
	GAS		
OPERATOR			
PRORATION 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 1-1-85

Operator Gulf Oil Corporation Address Box 670, Hobbs, New Mexico 88240		Other (Please explain) Dualled Blinebry with existing Drinkard and permission requested to temporarily commingle this production with other Drinkard production on the lease.
Reason(s) for filing (Check proper box)	Change in Transporter of:	
New Well <input type="checkbox"/>	Oil <input type="checkbox"/>	Dry Gas <input type="checkbox"/>
Recompletion <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/>	Condensate <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>		

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name H. T. Mattern (NCT-C)	Well No. 5	Pool Name, Including Formation Blinebry	Kind of Lease State, Federal or Fee Fee	Lease No.
Location Unit Letter I ; 1980 Feet From The South Line and 330 Feet From The East Line of Section 18 Township 21-S Range 37-E , NMPM, Lea County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Western Crude Oil, Inc.	Address (Give address to which approved copy of this form is to be sent) Box 1142, Midland, Texas 79701	
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Warren Petroleum Corporation	Address (Give address to which approved copy of this form is to be sent) Box 1589, Tulsa, Oklahoma 74100	
If well produces oil or liquids, give location of tanks.	Unit I	Sec. 18
	Twp. 21-S	Rge. 37-E
	Is gas actually connected? Yes	When August 1, 1975

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 <input checked="" 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. <input type="checkbox"/>
Date Spudded 7-4-75	Date Compl. Ready to Prod. 7-4-75	Total Depth 6800'	P.B.T.D. 6764'
Elevations (DF, RKB, RT, CR, etc.) 3491' GL	Name of Producing Formation Blinebry	Top Oil/ Gas Pay 5502'	Tubing Depth 5728'
Perforations 5502' to 5726'		Depth Casing Shoe 6800'	
TUBING, CASING, AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12-1/4"	9-5/8"	1307'	650 sacks (Circulated)
8-3/4"	7"	6800'	725 sacks (TOC at 2274')
	2-3/8"	5728'	

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 7-4-75	Date of Test 8-8-75	Producing Method (Flow, pump, gas lift, etc.) Flowing	
Length of Test 24 hours	Tubing Pressure 110#	Casing Pressure 420#	Choke Size 25/64"
Actual Prod. During Test 44 barrels	Oil - Bbls. 16	Water - Bbls. 28	Gas - MCF 261

GAS WELL

Corrected Gvty = 41.3

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, 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.

C. R. Koyebawa
(Signature)
Project Petroleum Engineer
(Title)
August 8, 1975
(Date)

OIL CONSERVATION COMMISSION

APPROVED Aug 11 1975, 19____
BY John W. Ramsey
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 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.