

## OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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DISTRIBUTION	
SANTA FE	
FILE	
U.S.U.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	

1. Operator <b>Gulf Oil Corporation</b>	
Address <b>P. O. Box 670, Hobbs, NM 88240</b>	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input type="checkbox"/>	Change in Name of Transporter Effective 1-1-83
Recompletion <input type="checkbox"/>	
Change in Ownership <input type="checkbox"/>	
Change in Transporter of: Oil <input checked="" 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 \_\_\_\_\_

2. DESCRIPTION OF WELL AND LEASE				
Lessee Name <b>H. T. Mattern (NCT-C)</b>	Well No. <b>9</b>	Pool Name, including Formation <b>Blinebry</b>	Kind of Lease State, Federal or Fee <b>Fee</b>	Lease No.
Location Unit Letter <b>P</b> ; <b>660</b> Feet From The <b>South</b> Line and <b>710</b> Feet From The <b>East</b> Line of Section <b>7</b> Township <b>21S</b> Range <b>37E</b> , NMPM, Lea County				

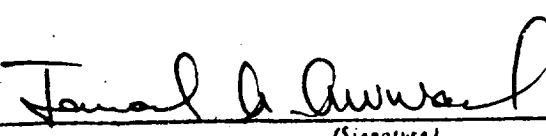
3. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS						
Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> <b>Getty Trading &amp; Transportation Co.</b>	Address (Give address to which approved copy of this form is to be sent) <b>Box 1142, Midland, TX 79701</b>					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> <b>Warren Petroleum Corp.</b>	Address (Give address to which approved copy of this form is to be sent) <b>Box 1589, Tulsa, OK 74100</b>					
If well produces oil or liquids, give location of tanks.	Unit <b>I</b>	Sec. <b>18</b>	Twp. <b>21S</b>	Rge. <b>37E</b>	Is gas actually connected? <b>Yes</b>	When <b>4-19-76</b>

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

4. COMPLETION DATA								
Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Re
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.		
Elevations (DF, RNB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay			Tubing Depth		
Perforations						Depth Casing Shoe		
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET			SACKS CEMENT		

5. 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 of hole 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

6. GAS WELL			
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size

7. CERTIFICATE OF COMPLIANCE	OIL CONSERVATION DIVISION <b>JAN 28 1983</b>
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.	APPROVED _____, 19____
 (Signature)	ORIGINAL SIGNED BY <b>EDDIE W. SEAY</b>
Area Engineer (Title)	TITLE <b>OIL &amp; GAS INSPECTOR</b>
1-26-83 (Date)	This form is to be filed in compliance with RULE 1104. If this is a request for allowable for a newly drilled or deeper well, this form must be accompanied by a tabulation of the device tests taken on the well in accordance with RULE 111. All sections of this form must be filled out completely for all wells on new and recompleted wells. Fill out only Sections I, II, III, and VI for changes of well name or number, or transporter, or other such change of credit. Separate Forms C-104 must be filed for each pool in multi-completed wells.

RECEIVED

JAN 27 1983

O.C.D.  
HOBBS OFFICE