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LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
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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-11
Effective 1-1-65

I.

Operator GULF OIL CORPORATION	
Address P.O. Box 670, Hobbs, New Mexico 88240	
Reason(s) for filing (Check proper box)	
New Well <input type="checkbox"/>	Change In Transporter of:
Recompletion <input checked="" 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"/>
Other (Please explain) Re-opened temporarily abandoned Drinkard zone & commingled down hole with existing Blinebry under DHC-256.	

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. 9	Pool Name, Including Formation Drinkard	Kind of Lease State, Federal or Fee Fee	Lease No. --
Location Unit Letter <u>P</u> ; <u>660</u> Feet From The <u>South</u> Line and <u>710</u> Feet From The <u>East</u> Line of Section <u>7</u> Township <u>21S</u> Range <u>37E</u> , NMPM, <u>Lea</u> 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) P.O. Box 1142, Midland, TX 79701					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input 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 I	Sec. 18	Twp. 21S	Pge. 37E	Is gas actually connected? Yes	When 4-19-76

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	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
	XX			XX				XX
Date Recompleted 5-31-79	Date Compl. Ready to Prod. 6-4-79		Total Depth 6785'		P.B.T.D. 6747'			
Elevations (DF, RNB, RT, GR, etc.) 3489' GL	Name of Producing Formation Drinkard		Top Oil/Gas Pay 5530'		Tubing Depth 6735'			
Perforations 6524-6710'					Depth Casing Shoe ---			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
11"	8-5/8"		1320'		500 sx-circ.			
7-7/8"	5 1/2"		6785' *		1000 sx-circ.			
	2-3/8"		6735'					
			*DV tool @ 1289'					

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 6-4-79	Date of Test 6-15-79	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 24 hours	Tubing Pressure --	Casing Pressure --	Choke Size 2" w/o
Actual Prod. During Test 85 bbls	Oil - Bbls. 18	* 67	Gas - MCF 62

*Blinebry & Drinkard commingled down hole test

Corr. Gvty 34.90

GAS WELL

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

N. P. Sikus Jr.
(Signature)

Area Engineer
(Title)

6-18-79
(Date)

OIL CONSERVATION COMMISSION

JUN 19 1979

APPROVED _____, 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 deviated 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 multiple completed wells.

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JUN 18 1979

GIL CONSERVATION COMM.
HOBBS, N. M.