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IRANSPORTER	OIL			
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Operator				
Gulf Oil Corporat				

	TISTRIBUTION SARTA FE FILE U.S.G.S. LAND OFFICE TRANSPORTER GAS OPEL **TOR PRODUCTION OFFICE	REQUEST	ODERVATION COMME 4 END ALLOWABLE GNA GNA NUTAN CHA JIO TROPEHA	Form C-104 Supersedes Old C-104 and C-1 Effective 1-1-65 AL GAS		
1.	Operator					
	Gulf Oil Corporation Address					
	P. O. Box 670, Hobbs, NM 88240					
	Reason(s) for filing (Check proper box New We!! Recompletion Change in Ownership	Change in Transporter of: Cil Dry G Casinghead Gas Conde	as [as connection		
	If change of ownership give name and address of previous owner					
II.	DESCRIPTION OF WELL AND	LEASE Nell No. Pool Name, Including F	ermation Kind of I	Lease No.		
	H. T. Mattern (NCT-A)	! !		ederal or Fee Fee		
	Unit Letter 0 ; 660	Feet From The South Lin	ne and 1650 Feet F	rom The <u>East</u>		
	Line of Section 24 To	wnship 21-S Range	36-E , NMPM,	Lea County		
Ш.	DESIGNATION OF TRANSPOR	TER OF OIL AND NATURAL GA	AS			
	Name of Authorized Transporter of Cil	or Condensate	Address (Give address to which a	pproved copy of this form is to be sent)		
	Shell Pipeline Co	Singhead Gas XX or Dry Gas	Address (Give address to which a	fland, TX 79701 pproved copy of this form is to be sent)		
	Warren Petroleum		P. O. Box 1589, Tull Is gas actually connected?	lsa, OK 74103		
	If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Pge. 0 24 21-\$ 36-1		2-2-78		
	If this production is commingled wi	th that from any other lease or pool,	<u> </u>			
IV.	COMPLETION DATA	Oil Well Gas Well	New Well Workover Deeper	Plug Back Same Restv. Diff. Restv.		
	Designate Type of Completic	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.		
	Date Spudded	Dute Compt. Reday to Float	Total Deptil			
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth		
	Perforations	1		Depth Casing Shoe		
		TUBING, CASING, AND CEMENTING RECORD				
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT		
v.	TEST DATA AND REQUEST FOIL WELL	OR ALLOWABLE (Test must be a able for this de	epin or be for full 24 hours	it oil and must be equal to or exceed top allow		
	Date First New Cil Run To Tanks	Date of Test	Producing Method (Flow, pump, go	is lift, etc.)		
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size		
	Actual Pred. During Test	Cil-Bbis.	Water - Bbls.	Gas-MCF		
,						
	Actual Pros. Test-MCF/D	Length of Tast	Bbls, Cendensate/MMCF	Gravity of Condensate		
	Testing Method (pitot, back pr.)	Tubin; Pressure (Shut-in)	Cosing Pressure (Shat-in)	Choke Size		
	CERTIFICATE OF COMPLIAN		OIL CONSES	2 VA 1978 COMMISSION		
I hereby certify that the rules and regulations of the Oil Conservation Communision have been complied with and that the information given		Orig. Signed by				
	above is true and complete to the best of my knowledge and belief.		Dist 1, Supv.			
			TITLE			
	NO.	Xika N.	This form is to be filed	in compliance with RULE 1104.		

(Signature) Area Engineer

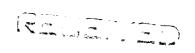
(Title) 4-6-78

(Date)

If this is a request for allowable for a nawly drilled of despendence well, this form must be accompanied by a tabulation of the deviation tests taken on the wall 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. H. HI, and VI for changes of owner, well name or number, or transporter, or other such change of condition Separate Forms C-104 must be filled for each pool in multiply completed wells.



1.22.7 - 1978

OIL COMSERVATION COMM.