i	FILE	KEQUEST I	OK ALLUMABLE	Effective 1+1-65	
	U.S.G.S.	AUT DRIZATION TO TRAI		AS	
	LAND OFFICE				
	TRANSPORTER GAS				
	OPERATOR				
1.	PROPATION OFFICE Operator				
	GULF OIL CORPORATION				
	Address Box 670, Hobbs, NM	88240		:	
	Reason(s) for filing (Check proper box)		Other (Please explain)	arily Abandoned Drinkard	
	New Well Recompletion	Change in Transporter of: Cil Dry Gas		arily Abandoned Drinkard d down hole with	
	Change in Ownership	Casinghead Gas Conden:			
	If change of ownership give name and address of previous owner		<u></u>		
п.	DESCRIPTION OF WELL AND L	EASE	rmation Kind of Lease	Lease No.	
	Lease Name       Well No. Pool Name, Including Formation       Kind of Lease       I         H. T. Mattern (NCT-C)       11       Drinkard       State, Federal or Fee       Fee				
Location					
	Unit Letter : 376-	Feet From The <u>South</u> Line	and <u>660</u> Feet From T	he West	
	Line of Section 8 Town	aship 21S Range 3	7Е , ММРМ, Lea	County	
ш.	DESIGNATION OF TRANSPORT	ER OF OIL AND NATURAL GA	S Address (Give address to which approv	ed copy of this form is to be sent)	
	Nome of Authorized Transporter of Cil Western Crude Oil, Inc.	Western Crude Oil, Inc. P. O. Box 1142, Midland, TX 79701			
	Name of Authorized Transporter of Casinghead Gas 🔀 or Dry Gas 🗔 Add		Address (Give address to which approv P. O. Box 1589, 'Tulsa,	÷ · · · · · · · · · · · · · · · · · · ·	
<b>-</b>	Warren Petroleum Corp.	Unit Sec. Twp. P.ge.	Is gas actually connected? Whe	'n	
-	If well produces oil or liquids, give location of tanks.	L 8 21S 37E	Yes	2-27-79	
**/	If this production is commingled with COMPLETION DATA	h that from any other lease or pool,	give commingling order number:		
34.	Designate Type of Completion	Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v. XX	
	Date toptict Recompleted	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.	
	2-23-79	2-27-79	6800 Top Otl/Stat Pay	6724 Tubing Depth	
	Elevations (DF, RKB, RT, GR, etc.) 3495' GL	Name of Producing Formation Drinkard	6566'	6702'	
Perforations			Depth Casing Shoe		
	6566 - 6714'				
	HOLE SIZE	CASING & TUBING SIZE	<u>DEPTH SET</u> 1312'	SACKS CEMENT 350 - circulated	
	<u> </u>	8-5/8" - 24# 5-1/2" - 15.5#	6800'	2185 - circulated	
		2-3/8"	6702'		
	TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed top allow able for this depth or be for full 24 hours)				
v	able for this depth or be for full 24 hours) OIL WELL				
	Date First New Oil Run To Tanks 2-27-79	3-9-79	Pump		
	Length of Teat	Tubing Pressure	Casing Pressure	Choke Size	
	24 hours Actual Prod. During Test	30# Cil-Bbls.	30# Water-Bbls.	Gas-MCF	
	115	46*	6.9	. Gvty 37.1	
	Dimediy & Dimand Commingica down note tost				
	Actual Frod. Test-MCF/D	Longth of Test	Bble. Condensate/MMCF	Gravity of Condensate	
	Testing Mothod (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size	
N T	L CENTIFICATE OF COMPLIANCE		OIL CONSERVATION COMMISSION		
			APPROVED MAR	1070	
	I hereby certify that the rules and regulations of the Oil Conversation Commission have been complicat with and that the information given above in true and complete to the best of my knowledge and belief.		BYDela Signed	by not	
	above is true and complete to the	beat of my knowledge and bench	TITLE Dist 1, Supr		
			This form is to be filed in	compliance with RULE 1104.	
	Rusself Wavile		If this is a request for allow	vable for a newly drilled or deepend unled by a tabulation of the deviation	
			if the teles on the well in ACCO	raance with Rocc inte	
	Area Engineer (Fale)		All wetters of this form must be filled cut completely for allow while on new and recompleted wells.		
	3-10-79		THE Series of Sectors 1. II. M. set VI for changes of owner well name or number, of transporter or other such change of condition		
			Separate Forms C-104 mus	at be filled for each pool in multip	
				. <sub>62 1</sub>	