

NEW MEXICO OIL CONSERVATION COMMISSION	
REQUEST FOR ALLOWABLE	
AND	
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS	
DATE RECEIVED	
FILE	
O.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	

Operator Gulf Oil Corporation	
Address Box 670 Hobbs, NM 88240	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well ☐	Change in Transporter of: Oil ☐ Dry Gas ☐
Recompletion ☐	Casinghead Gas ☐ Condensate ☐
Change in Ownership ☐	To show gas connected

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. 11	Pool Name, including Formation Drinkard	Kind of Lease State, Federal or Fee	Fee	Lease No.
Location					
Unit Letter M	376	Feet From The South	Line and 660	Feet From The West	
Line of Section 8	Township 21-S	Range 37-E	NMPM,	Lea	County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS						
Name of Authorized Transporter of Oil ☐ or Condensate ☐ 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 ☐ or Dry Gas ☐ 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 L	Sec. 8	Twp. 21-S	Rge. 37-E	Is gas actually connected? Yes	When 8-12-77

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 ☐ Gas Well ☐ New Well ☐ Workover ☐ Deepen ☐ Plug Back ☐ Same Res't. ☐ Diff. Res't. ☐		
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
Elevations (DE, RKB, 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

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 all able 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.	Gua-MCF

GAS WELL			
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (flow, 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.	
<u>H. S. Sikes Jr.</u> (Signature) Area Engineer August 17, 1977 (Date)	

OIL CONSERVATION COMMISSION	
AUG 18 1977	
APPROVED _____, 19____	BY _____
Orig. Signed by John Runyan 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 deep well, this form must be accompanied by a tabulation of the devils tests taken on the well in accordance with RULE 111.	
All portions 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 conditions.	

RECEIVED

AUG 17 1977

OIL CONSERVATION COMM.
HOBBBS, N. M.