

OIL CONSERVATION DIVISION
P. O. BOX 2008
SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NAME OF OPERATOR	
DISTRIBUTION	
SALE TAX	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL GAS
OPERATOR	
PRODUCTION OFFICE	
Operator	

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

If change of ownership give name
and address of previous owner _____

DESCRIPTION OF WELL AND LEASE		Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
Lease Name				State, Federal or Fee	Fee
H. T. Mattern (NCT-C)		16	Blinebry		
Location					
Unit Letter	G	2080	Feet From The North	Line and	1980
			Feet From The East		
Line of Section	18	Township	21S	Range	37E
			NMPM,	Lea	County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS		Address (Give address to which approved copy of this form is to be sent)				
Name of Authorized Transporter of Oil ☒ or Condensate ☐		Box 1142, Midland, TX 79701				
Western Crude Oil, Inc.						
Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐		Address (Give address to which approved copy of this form is to be sent)				
Warren Petroleum Corp.		Box 1589, Tulsa, OK 74100				
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	I	18	21S	37E	Yes	3-10-82

If this production is commingled with that from any other lease or pool, give commingling order number: PC-517

COMPLETION DATA		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Designate Type of Completion - (X)		XX					XX		
Date XXXXXX	Date Compl. Ready to Prod.	Total Depth		P.B.T.D.					
9-7-82	9-13-82	6874'		6590'					
Elevations (OF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay		Tubing Depth					
3491' GL	Blinebry	5512'		5860'					
Perforations		Depth Casing Shoe							
5512'-5856'		--							

TUBING, CASING, AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
No New Casing			

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	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
9-13-82	9-26-82	Pump	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24 hrs	40#	40#	--
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF
75	35	40	402

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

CERTIFICATE OF COMPLIANCE

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.

RD Pater
(Signature)
Area Engineer
(Date)
9-28-82
(Date)

OIL CONSERVATION DIVISION
SEP 30 1982
APPROVED _____, 19____
BY Eddie W. Smith
TITLE OIL & GAS INSPECTOR
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 deviate 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 conditions.
Separate Form C-104 must be filed for each pool in multiple completed wells.

RECEIVED

SEP 20 1982

O. C. D.
HOBBS OFFICE