## JISTRIBUTION NEW MEXICO OIL CONSERVATION COMMISSION Form C-104 TAFE REQUEST FOR ALLOWABLE Supersedes Old C-104 and C-110 E Effective 1-1-65 AND G.S. AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS D OFFICE TRANSPORTER GAS OPERATOR PRORATION OFFICE Operator Gulf Oil Corporation Box 670, Hobbs, New Mexico 88240 Reason(s) for filing (Check proper box) Other (Please explain) New Well Change in Transporter of: Completed in Drinkard Recompletion Oil Dry Gas Change in Ownership Casinghead Gas If change of ownership give name and address of previous owner \_\_\_\_ II. DESCRIPTION OF WELL AND LEASE ell No. Pool Name, Including Formation Legee No. Lee Stebbins (NCT-A) 3 Drinkard State, Federal or Fee Fee Location Feet From The North Line and 2092 Feet From The Line of Section 5 Township 22-S Range , NMPM, Lea County II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil or Condensate Address (Give address to which approved copy of this form is to be sent) Shell Pipe Line Corporation Name of Authorized Transporter of Casinghead Gas X Box 1910, Midland, Texas 79701 Address (Give address to which approved copy of this form is to be sent) or Dry Gas Warren Petroleum Corporation Box 1589, Tulsa, Oklahoma 74100 Unit Twp. Rge. If well produces oil or liquids, 22-S |37-E Unknown If this production is commingled with that from any other lease or pool, give commingling order number: V. COMPLETION DATA OII Well New Well Workover Gas Well Plug Back Same Resty, Diff. Resty, Designate Type of Completion - (X) XX XX Date \*REEX Recompleted Date Compl. Ready to Prod. Total Depth P.B.T.D. 8-1-75 8-1-75 65951 Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation Top Oil/Gas Pay Tubing Depth 3451' GL 6342' <u>Drinkard</u> 6480' Perforations Depth Casing Shoe 64303 to 6510' and Open hole interval 6532' to 6595' 6532' TUBING, CASING, AND CEMENTING RECORD HOLE SIZE CASING & TUBING SIZE DEPTH SET SACKS CEMENT 13-3/8" <u> 17-1/2"</u> 293' 320 sacks (Circulated) 12-1/4" 9-5/8" 2800' 1300 sacks (TOC at 815' <u>ו"</u> 8-3/4" 6532 750 sacks (TOC at 2725 6342 2-3/8" 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 allowable for this depth or be for full 24 hours) OIL WELL Date First New Oil Run To Tanks Producing Method (Flow, pump, gas lift, etc.) Date of Test Flowing 8-1-75 Choke Size Length of Test Tubing Pressure Casing Pressu 24 hours. Actual Prod. During Test 100# 16/64" Oil - Bbls Water - Bbls. 4 harrels Ω 260 **GAS WELL** Actual Prod. Test-MCF/D Length of Test Bbls. Condensate/MMCF Gravity of Condensate Testing Method (pitot, back pr.) Tubing Pressure (Shut-in ) Casing Pressure (Shut-in) Choke Size OIL CONSERVATION COMMISSION . 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.

TITLE .

<u> Area Engineer</u>

August 1, 1975

(Title)

(Date)

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 deviation 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.