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| DISTRIBUTION | |
| SANTA FE | |
| FILE | |
| U.S.G.S. | |
| LAND OFFICE | |
| TRANSPORTER | OIL |
| | GAS |
| OPERATOR | |
| PRORATION OFFICE | |

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-164
Supersedes Old C-104 and C-110
Effective 1-1-65

I. Operator
Gulf Oil Corporation
Address
Box 670, Hobbs, New Mexico 88240
Reason(s) for filing (Check proper box)
New Well ☐ Change in Transporter of:
Recompletion ☐ Oil ☐ Dry Gas ☐
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐
Other (Please explain)
Abandoned Paddock & comp in Drinkard. Well is connected to Warren's system and run to El Paso Natural Gas Co. Account.
If change of ownership give name and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE
Lease Name Hugh Well No. 3 Pool Name, Including Formation Drinkard Kind of Lease State, Federal or Fee Fee Lease No. _____
Location
Unit Letter B : 660 Feet From The North Line and 1980 Feet From The East
Line of Section 14 Township 22-S Range 37-E , NMPM, Lea County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS
Name of Authorized Transporter of Oil ☐ or Condensate ☐
Shell Pipe Line Corporation Address (Give address to which approved copy of this form is to be sent)
Box 1910, 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 1582, Tulsa, Oklahoma 74100
If well produces oil or liquids, give location of tanks. Unit C Sec. 14 Twp. 22-S Rge. 37-E Is gas actually connected? Yes When September 3, 1974

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

V. COMPLETION DATA
Designate Type of Completion - (X) ☒ Oil Well ☐ Gas Well ☐ New Well ☐ Workover ☐ Deepen ☐ Plug Back ☐ Same Res'v. ☐ Diff. Res'v. ☒ XX
Date ~~Spudded~~ Recompleted 12-15-73 Date Compl. Ready to Prod. 12-15-73 Total Depth 6476' P.B.T.D. 6371'
Elevations (DF, RKB, RT, GR, etc.) 3342' GL Name of Producing Formation Drinkard Top Oil/Gas Pay 6256' Tubing Depth 6177'
Perforations 6256' to 6340' Depth Casing Shoe 6307'
TUBING, CASING, AND CEMENTING RECORD
HOLE SIZE CASING & TUBING SIZE DEPTH SET SACKS CEMENT
17-1/4" 13-3/8" 309' 300 sacks (Circulated)
12-1/4" 9-5/8" 2361' 1300 sacks (TOC at 1475')
8-3/4" 7" 6307' 600 sacks (TOC at 1650')
2-3/8" 6177'

VI. 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.) _____
Length of Test _____ Tubing Pressure _____ Casing Pressure _____ Choke Size _____
Actual Prod. During Test _____ Oil - Bbls. _____ Water - Bbls. _____ Gas - MCF _____

GAS WELL
Actual Prod. Test - MCF/D 1200 Length of Test 24 hours Bbls. Condensate/MMCF -- Gravity of Condensate --
Testing Method (pitot, back pr.) Orifice Flow Meter Tubing Pressure (Shut-in) 1200# Casing Pressure (Shut-in) 0 - Packer Choke Size 20/64"

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.
B. J. Barakat (Signature)
Area Engineer (Title)
September 4, 1974 (Date)
OIL CONSERVATION COMMISSION
APPROVED _____, 19____
BY [Signature]
TITLE SUPERVISOR DISTRICT I
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.