PIOI TOBIN TSIC TAFE

NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE

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

| ` ' | | AND | | |
|---|--|--|--|--|
| G.S. | AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS | | | |
| OFFICE | | | | |
| TRANSPORTER GAS | | | | |
| OPERATOR | | | | |
| Operator Operator | | | | |
| Gulf Oil Corporati | . | | | |
| Address | <u>on</u> | | | |
| Box 670, Hobbs, Ne | w Mexico 88240 | | | |
| Reason(s) for filing (Check proper New Well | Change in Transporter of: | Other (Please explain | • | |
| Recompletion | mbandoned by a be brinkard w/ tubb Gas | | | |
| Change in Ownership | Casinghead Gas Cond | | o Natural Gas Co. Account. | |
| If change of ownership give nam | ie | | | |
| and address of previous owner _ | , , , , , , , , , , , , , , , , , , , | | | |
| I. DESCRIPTION OF WELL AN | ND LEASE | | | |
| Lease Name | Well No. Pool Name, Including | Formation Kind o | f Lease No. | |
| Hugh | 4 Drinkard | State, | Federal or Fee Fee | |
| Location | 660 Nomel | 660 | 70. | |
| Unit Letter A ; | 660 Feet From The North | ine and OOU Feet | From The East | |
| Line of Section | Township Range | , NMPM, | County | |
| L DEGLES AMION OF MD ANGD | | | | |
| Name of Authorized Transporter of | ORTER OF OIL AND NATURAL OF OIL & OF CONDENSATE CONTROL OF CONDENSATE CONTROL OF CONTROL | | approved copy of this form is to be sent) | |
| Shell Pipe Line Corporation | | Box 1910, Midland, Texas 79701 | | |
| 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 C | | Box 1589, Tulsa, 0 | klahoma 74100 | |
| If well produces oil or liquids, give location of tanks. | Unit Sec. Twp. Ege. C 14 22-S 37-E | Is gas actually connected? | When Sontombor 2 1076 | |
| If this production is commingled | with that from any other lease or pool | | September 3, 1974 | |
| COMPLETION DATA | | | | |
| Designate Type of Comple | etion - (X) | New Well Workover Deep | en Plug Back Same Res'v. Diff. Res'v. | |
| Date XXXXX Recompleted | Date Compl. Ready to Prod. | Total Depth | P.B.T.D. | |
| 5-7-74 | 5-7-74 | 6540' | 6348 ' | |
| Elevations (DF, RKB, RT, GR, etc | .j Name of Producing Formation | Top Off/Gra Pay | Tubing Depth | |
| 3336 GL | Drinkard | 6274' | 6234' | |
| 6274' to 6328' | | | Depth Casing Shoe 6397 | |
| | TUBING, CASING, A | ND CEMENTING RECORD | 1 0357 | |
| HOLE SIZE | CASING & TUBING SIZE | DEPTH SET | SACKS CEMENT | |
| 17-1/2" | 13-3/8" | 302' | 300 sacks (Circulated) | |
| 8-3/4" | 9-5/8" | 2874 <u>'</u> 6397' | 1300 sacks (TOC at 1820 504 sacks (TOC at 3420 | |
| | 2-3/8" | 6234' | JU4 BACKS (TUC AF 3420 | |
| . TEST DATA AND REQUEST | | after recovery of total volume of loc | nd oil and must be equal to or exceed top allow- | |
| OIL WELL Date First New Oil Run To Tanks | Date of Test | depth or be for full 24 hours) Producing Method (Flow, pump, | eas lift etc.) | |
| 5-7-74 | 11-4-74 | Flow | • | |
| Length of Test | Tubing Pressure | Casing Pressure | Choke Size | |
| 24 hours | 820# | | 24/64" Gas-MCF | |
| Actual Prod. During Test | Oil-Bbls. | Water - Bbls. | | |
| 22 barrels | 22 | | 1356.0 | |
| 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 | |
| realing Method (phos, back pri) | Tubing Field (Bille-In) | Costing Pressure (Direc-In) | Choke Sixe | |
| . CERTIFICATE OF COMPLIA | NCE | OU CONSE | RVATION COMMISSION | |
| | | Air | COMMISSION | |
| I hereby certify that the rules and regulations of the Oil Conservation | | | APPROVED , 19 | |
| | d with and that the information given the best of my knowledge and belief. | | Unes | |
| | | TITLE / WEST REPORTS OF STATE | STOP STORES SHEWEN WAY STORE ME | |
| \sim | | TITLE | | |
| / Il andial | | This form is to be filed in compliance with RULE 1104. If this is a request for allowable for a newly drilled or deepened | | |
| (Si | gnature | well, this form must be acc | ompanied by a tabulation of the deviation | |
| Area Engineer | | 11 | accordance with RULE 111. m must be filled out completely for allow- | |
| (Title) | | able on new and recompleted wells. | | |
| November 7, 1974 | | Fill out only Sections I. II. III, and VI for changes of owner, | | |

RECEIVED

CIL COMSERVATING COMM.
HOBBS, N. M.