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FILE			
U.\$.G.5,			
LAND OFFICE			
TRANSPORTER	OIL	l	
	GAS		
OPERATOR			
PRORATION OFFICE			

Project Petroleum Engineer

March 8, 1976

(Title)

(Date)

HEW MEXICO OIL CONSERVATION COMMIS! REQUEST FOR ALLOWABLE AND

Supersedes Old C-104 and C-11 Effective 1-1-65

Form C -104

	U.S.G.S.	AUTHORIZATION TO TRA	ANSPORT OIL AND NATURAL	GAS		
LAND OFFICE						
	TRANSPORTER OIL					
	GAS					
	OPERATOR TO THE STATE OF THE ST					
I.	PRORATION OFFICE Operator					
Gulf Oil Corporation Address						
	Box 670, Hobbs', New Me:	xico 88240				
	Reason(s) for filing (Check proper box		Other (Please explain)			
	New Well	Change in Transporter of:	Abandoned Cary Montoya and completed			
	Recompletion Dry Gos in Drinkard. (Acreage is dedicated)					
	Change in Ownership	Casinghead Gas Conder	nsate			
	If change of ownership give name and address of previous owner					
II.	DESCRIPTION OF WELL AND	Well No. Pool Name, Including F	ormation Kind of Leas	Se (Le 25 e 172)		
	R. E. Cole (NCT-A)	5 Drinkard		el or Fee State E-3480-1		
Location State				State 12-54-10-1		
Unit Letter I : 2086 Feet From The South Line and 554 Feet From The East						
	Unit Letter ;;	Jeer Hom The Boats	10 4114			
	Line of Section 16 Tov	vnship 22-S Range	37-E , NMPM,	Lea County		
III.	I. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil					
	Name of Authorized Transporter of Oil					
	Shell Pipe Line Corpora	ation Singhead Gas v or Dry Gas 1	Box 1910, Midland, Tex Address (Give address to which appro	cas 79701		
	Name of Authorized Transporter of Cas					
	Warren Petroleum Corpor	ration Unit Sec. Twp. P.ge.	Box 1589, Tulsa, Oklah	noma 74100		
	If well produces oil or liquids, give location of tanks.		No.			
	If this production is commingled wit COMPLETION DATA	th that from any other lease or pool,	give comminging order number:	PC-329		
A V .		Oil Well Gas Well	New Well Workover Deepen	Plug Back Same hosts, 1311, Pesty.		
	Designate Type of Completion	on = (X)		l yx		
	Date Sextend Recompleted	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.		
	2-25-76	2-25-76	8066'	7160'		
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top XXX/Gas Pay	Tubing Depth		
	3416' GL	Drinkard	6311'	6508 Depth Casing Shoe		
	Perforations 6311' to 6554'			· ·		
	6311' to 6554' TUBING, CASING, AND CEMENTING RECORD					
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT		
	17-1/2"	13-3/8"	295'	300 sacks (Circulated)		
	12-1/4"	9-5/8"	2900'	1300 sacks (TOC at 1225		
	8-3/4"	7"	7953'	800 sacks (TOC at 3555		
		2-3/8"	6508'			
v.	and must be equal to or exceed top allow-					
	OIL WELL					
	Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas to	iji, erc.,		
		Tubing Pressure	Casing Pressure	Choke Size		
	Length of Test	I unfind Liessons	January 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
	Actual Prod. During Test	Oil-Bble.	Water-Bbls.	Gas-MCF		
	Actual Float Dalling 1999		i			
		1				
	GAS WELL Well is clos	sed in, waiting on gas 1	ine connection			
	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate		
	950	24 hours	2	40.2		
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Coming Pressure (Shut-in)	Cheke Size		
	Back Pressure	275# (Flowing)		2-1/4" Orfice		
VI.	CERTIFICATE OF COMPLIANCE	CE	OIL CONSERVA	ATION COMMISSION		
			1 · · · · · · · · · · · · · · · · · · ·			
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.			APPROVED 19			
			BY war W.	BY John W. Aungan		
			Cario	Called M		
			TITLE			
	201/	•	This form is to be filed in compliance with RULE 1104.			
	C. R. Kozefowa (Signature)		If this is a request for allowable for a newly drilled endingened well, this form must be accompanied by a tabulation of the Secretion			
	(Signa	itura)	well, this form must be accompa	rdance with NULE 111.		

If this is a request for allowable for a newly drilled end or ened well, this form must be accompanied by a tabulation of the formation tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for ellow-able on new and recompleted wells.

Fill out only Sactions I. H. III, and VI for change of owner, well name or number, or transporter or other such change of condition.