UISTRIBUTION  SANTA FE  FILE  U.S.G.S.  L/ ND OFFICE	REQUEST F	NSERVATION COMMISSION OR ALLOWABLE AND NSPORT OIL AND NATURAL GAS	Form C+104 Supersedes Old C-104 and C-110 Effective 1-1-65	
OPERATOR PRORATION OFFICE Operator				
Gulf Oil Corporation Address				
Box 670 Hobbs, New Me Reason(s) for filing (Check proper box) New Well Recompletion Change in Ownership  If change of ownership give name	Change in Transporter of:  Oil Dry Gas  Casinghead Gas Condens	Drinkard & Wantz G	ed to commingle the ranite Wash production adding application for	
and address of previous owner				
DESCRIPTION OF WELL AND I	Well No. Pool Name, Including For	rmation Kind of Lease  Itz Granite Wash <sup>State</sup> , Federal or	r Fee Fee	
Unit Letter A : 660	Feet From The North Line	and 660 Feet From The	East	
Line of Section 25 Tow	nship 22–S Range 37	<b>'-E</b> , NMPM,	Lea County	
DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS    Name of Authorized Transporter of Oil				
Name of Authorized Transporter of Casinghead Gas XX or Dry Gas Activation		Address (Give address to which approved copy of this form is to be sent)  Box 1589, Tulsa, Oklahoma 74100		
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. P.ge.  A 25 22-S 37-E	is gas actually connected? When	ecember 16, 1974	
If this production is commingled with			ELEMPEL 10, 1774	
Designate Type of Completio	n - (X)	New Well Workover Deepen	Plug Back   Same Res'v. Diff. Res'v.	
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.	
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth	
Perforations Depth Casing Shoe				
	TUBING, CASING, AND	CEMENTING RECORD		
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
			James ha sound to a consend to a clique	
TEST DATA AND REQUEST FO	able for this de	fter recovery of total volume of load oil an pth or be for full 24 hours)		
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift,		
Length of Test	Tubing Pressure	Casing Pressure	Choke Size	
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF	
CAC WELL				
Actual Prod. Teet-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	
. CERTIFICATE OF COMPLIANCE OIL CONSERVATION COMMISSION				
I hereby certify that the rules and r Commission have been complied wabove is true and complete to the	with and that the information given best of my knowledge and belief.	BYTITLE	Cic	
(Signature)		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		

Area Production Manager (Title)

December 24, 1974 (Date)

APPROVED	, 19
BY	
TITLE	

tests taken on the well in accordance

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 transporten or other such change of condition.