	4		
NO. OF COPIES RECEIVED		4	
DISTRIBUTION	NEW MEXICO OIL CO	DNSERVATION COMMISSION	Form C-104
SANTA FE	REQUEST F	FOR ALLOWABLE	Supersedes Old C-104 and C-11 Effective 1-1-65
FILE U.S.G.S.	AUTHORIZATION TO TRA	AND NSPORT OIL AND NATURAL	GAS
LAND OFFICE			
IRANSPORTER OIL			
GAS			
PROBATION OFFICE			•
Operator Gulf OI1 Corporation			
Address Por 670 Hobbs Nov Mo	xt aa 88240		
Box 670, Hobbs, New Me Reason(s) for filing (Check proper box)		Other (Please explain)	
New Well	Change in Transporter of:		Iransporter, effective
	Oil Dry Gas Casinghead Gas Condens	rebluary 9, 19,	72
Change in Ownership			
If change of ownership give name and address of previous owner			
I. DESCRIPTION OF WELL AND I	Vell No. Pool Name, Including Fo	Kind of Let	ase Lease No.
Lease Name		State, Fede	2
H. P. Saunders	1 Drinkard		iii
Unit Letter;;	330 Feet From The South Line	and 2308 Feet From	m The East
	· · · ·		
Line of Section 7 Tow	mship 22S Range 3	<u> 8-Е , NMPM, Lea</u>	County
I. DESIGNATION OF TRANSPORT	TER OF OIL AND NATURAL GA	S	
Name of Authorized Transporter of Oil	or Conciensate	Address (Give address to which app	roved copy of this form is to be sent)
The Permian Corporatio	inghead Gas Xi or Dry Gas	Box 3119, Midland, I	<u>Rexas 79701</u> proved copy of this form is to be sent)
Name of Authorized Transporter of Cas			
Warren Petroleum Corpo	Unit Sec. Twp. P.ge.	Box 1589, Tulsa, Ok Is gas actually connected?	When
If well produces oil or liquide, give location of tanks.	0 7 22–S 38–E	Yes	Unknown
If this production is commingled wit	h that from any other lease or pool,	give commingling order number:	
V. COMPLETION DATA	Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.
Designate Type of Completio	n = (X)		
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
		Top Oil/Gas Pay	Tubing Depth
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top On/Gas Pay	
Perforations		<u> </u>	Depth Casing Shoe
		DEPTH SET	SACKS CEMENT
HOLE SIZE	CASING & TUBING SIZE	DEFINGE	
		<u> </u>	
V. TEST DATA AND REQUEST FO	OR ALLOWABLE (Test must be a) able for this de	fter recovery of total volume of load (pth or be for full 24 hours)	bil 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	lift, etc.)
		2 / December 1	Choke Size
Length of Test	Tubing Pressure	Casing Pressure	
Actual Prod. During Test	Oil-Bble.	Water-Bbls.	Gas - MCF
Actual Prodi Dania, Francisco			
GAS WELL		Bbis, Condensate/MMCF	Gravity of Condensate
Actual Prod. Test-MCF/D	Length of Test		
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
I. CERTIFICATE OF COMPLIAN	CE	11	VATION COMMISSION
		APPROVED	, 19
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.			
		BY Kattery	
		TITLE	
C. I_		This form is to be filed	in compliance with RULE 1104.
Alem Ster	ri	11 . It ship form must be SCCOP	lowable for a newly drilled or deepene npanied by a tabulation of the deviatio
(Sign	ature)	tests taken on the well in ac	cordance with RUCE (1)
Petroleum Engineer	tle)	able on new and recompleted	must be filled out completely for allow wells.
February 9, 1972			TT TIT and VI for changes of owner
(Date)		well name or number, or trans	must be filed for each pool in makes

.

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 Separate Forms C-104 must be filed for each pool in multiple

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DISTRIBUTION		DNSERVATION COMMISSION	Form C-104
SANTA FE	REQUEST FOR ALLOWABLE Supersedes Old C-104 and C-114 Effective 1-1-65		
FILE U.S.G.S.		AND NSPORT OIL AND NATURAL G	٨٢
LAND OFFICE		NSFORT OIL AND NATURAL G	A3
TRANSPORTER OIL			
GAS			
PRORATION OFFICE	1		
Operator			
Address			
Ben 670, Hobbs, New M	zico 88240		
Reason(s) for filing (Check proper box	:) Change in Transporter of:	Other (Please explain)	
New Well Recompletion	Oil Dry Gas		ransporter, effective
Change in Ownership	Casinghead Gas Conden	sate Hay 1, 1970	
If change of ownership give name			
and address of previous owner			
II. DESCRIPTION OF WELL AND	LEASE		
Lease Name	Well No. Pool Name, Including Fo	State, Federal	or Fee
H. P. Soundars	1 Drinkard		
	Feet From The South Lin	e and 2303 Feet From I	The Cast
Unit Letter;3	Feet From The	- unu	
Line of Section 7 To	wuship 22-8 Range	, NMPM,	Les County
III. DESIGNATION OF TRANSPOR	TEP OF OIL AND NATURAL GA	s	
Name of Authorized Transporter of O	1 or Condensate	Address (Give address to which approv	ved copy of this form is to be sent)
Adviral Grude Oil Car Name of Authorized Transporter of Co	porstion	Address (Give address to which approx	as 79701
Warren Petroleum Corr	Unit Sec. Twp. Rge.	Ber 1569, Tulsa, Oklah Is gas actually connected?	
If well produces oil or liquids, give location of tanks.	0 7 22-8 38-E	Tes	Unicneum
If this production is commingled w	ith that from any other lease or pool,	give commingling order number:	
IV. COMPLETION DATA	Oll Well Gas Well	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.
Designate Type of Complet	ion $= (\mathbf{X})$		
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
Elevations (DF, RKB, RT, GR, etc.)	Name of Ploducing I officiation		
Perforations			Depth Casing Shoe
HOLE SIZE	CASING & TUBING SIZE	D CEMENTING RECORD	SACKS CEMENT
HOLE SIZE			
V. TEST DATA AND REQUEST I	FOR ALLOWABLE (Test must be a	after recovery of total volume of load oil	and must be equal to or exceed top allow-
OIL WELL	able for this de	epth or be for full 24 hours)	
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas li	yr, erc.)
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbla.	Water-Bbis.	Gas - MCF
GAS WELL			
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
Testing Method (pitot, back pr.)	I uping Pressure (Brut-In)		
VI. CERTIFICATE OF COMPLIA		OIL CONSERVA	ATION COMMISSION
I hereby certify that the rules and	i regulations of the Oil Conservation with and that the information given	APPROVED	1 Bit
above is true and complete to t	he best of my knowledge and belief.	BY Acester ?!	- Climente
		TITLE	
ORIGINAL SIGNED BY		This form is to be filed in compliance with RULE 1104.	
C. D. BORLAND			wable for a newly drilled or deepened anied by a tabulation of the deviation
(Signature)		I tests taken on the well in acco	Draance with RULE 111.
Area Production Namger		All sections of this form my able on new and recompleted w	ust be filled out completely for allow- vells.
		Titl out only Sections I II III, and VI for changes of owner,	
April 14, 1970	Date)	well name or number, or transporter, or other such change of condition. Separate Forms C-104 must be filed for each pool in multiply	
		completed wells.	

NO. OF COPIES RECEIVED	Form C-103 Supersedes Old
SANTA FE NEW MEXICO OIL CONSERVATION COM	SSION BELLE D. D. Effective 1-1-65
FILE	The Indicate Type of Lease
U.S.G.S.	3 34 PN State Fee Tree
LAND OFFICE	5. State Oil & Gas Lease No.
OPERATOR	
SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT USE "APPLICATION FOR PERMIT -" (FORM C-101) FOR SUCH PROPOSALS.)	T RESERVOIR.
1. OIL GAS WELL OTHER-	8. Farm or Lease Name
2. Name of Operator Gulf 041 Corporation	H. P. Saunders
3. Address of Operator	9. Well No.
	1
Box 670, Hobbs, New Mexico	10. Field and Pool, or Wildcat
a see South 2	308 FEET FROM
UNIT LETTER LINE AND FEET FROM THE LINE AND THE LINE, SECTION TOWNSHIP 22-8 RANGE	
15. Elevation (Show whether DF, RT, GR, etc. 3345' GL	res
16. Check Appropriate Box To Indicate Nature of Noti NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK TEMPORARILY ABANDON CHANGE PLANS COMMENCE DRIL PULL OR ALTER CASING CHANGE PLANS OTHER	LING OPNS.
	dised

Describe Proposed or Completed Operations (Clearly state work) SEE RULE 1103.

Fulled rods and pump. Dumped 500 gallons of 15% NE acid down 5-1/2" casing over perforations 6913' to 7145'. Flushed with 20 barrels of oil. Swabbed and cleaned up. Ren rods and pump and returned well to production.

18. I hereby certify that the information above is true and complete to the best of my knowledge and belief.				
ORIGINAL SIGNED BY C. D. BORLAND	Area Production Manager	DATE June 30, 1966		
5000				
APPROVED BY	TITLE	DATE		
CONDITIONS OF APPROVAL, IF ANY:				