

DISTRIBUTION			
SA	TA	FE	
FILE			
G.S.			
D 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-1114  
Supersedes Old C-104 and C-11  
Effective 1-1-65

Operator Gulf Oil Corporation	
Address P. O. Box 670, Hobbs, N.M. 88240	
Reason(s) for filing (Check proper box)	
New Well <input type="checkbox"/>	Change in Transporter of:
Recompletion <input checked="" type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
Other (Please explain) Abandoned Blinebry & Tubb and completed in Drinkard	

If change of ownership give name and address of previous owner

I. DESCRIPTION OF WELL AND LEASE

Lease Name Watkins	Well No. 1	Pool Name, Including Formation Drinkard	Kind of Lease State, Federal or Fee Fee	Lease No.
Location				
Unit Letter 0 ; 660 Feet From The south Line and 1980 Feet From The east				
Line of Section 29 Township 22S Range 38E , NMPM, Lea County				

I. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Texas-New Mexico Pipeline Co.	Address (Give address to which approved copy of this form is to be sent) Box 1510, Midland, Texas 79701	
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Warren Petroleum Corporation	Address (Give address to which approved copy of this form is to be sent) Box 1589, Tulsa, Okla. 74100	
If well produces oil or liquids, give location of tanks.	Unit 0	Sec. 29
	Twp. 22S	Rge. 38E
	Is gas actually connected? Yes	
	When 7-16-75	

If this production is commingled with that from any other lease or pool, give commingling order number: PC-414

COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well	New Well	Workover <input checked="" type="checkbox"/>	Deepen	Plug Back	Same Res'v.	Diff. Res'v. <input checked="" type="checkbox"/>
Date <del>Revised</del> recompleted 7-8-75	Date Compl. Ready to Prod. 7-8-75	Total Depth 7000'	P.B.T.D. 6842'					
Elevations (DF, RKB, RT, GR, etc.) 3388' GL	Name of Producing Formation Drinkard	Top Oil <del>XXXX</del> Pay 6387'	Tubing Depth 6338'					
Perforations 6387' to 6552'	Depth Casing Shoe 6901'							
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
17-1/2"	13-3/8"	311'	300 sx (circulated)					
12-1/4"	9-5/8"	2930'	1300 sx (TOC at 4251')					
8-3/4"	7"	6901'	700 sx (TOC at 3370')					

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)

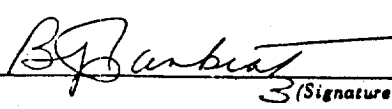
Date First New Oil Run To Tanks 7-8-75	Date of Test 7-16-75	Producing Method (Flow, pump, gas lift, etc.) Flow	
Length of Test 24 hours	Tubing Pressure 180#	Casing Pressure -	Choke Size 26/64"
Actual Prod. During Test 87 barrels	Oil - Bbls. 81	Water - Bbls. 6	Gas - MCF -

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

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.


Area Engineer
7-17-75

OIL CONSERVATION COMMISSION	
JUL 17 1975	
APPROVED	19
BY	John W. Runyan
TITLE	Geologist
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.	