

DISTRIBUTION		
STATE FEE		
FEE		
U.S.		
FIELD OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRODUCTION OFFICE		

NEW MEXICO OIL CONSERVATION COMMISSION

REQUEST FOR ALLOWABLE

AND

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-1104
Supersedes Old C-104 and C-110
Effective 1-1-65

Operator Gulf Oil Corporation	
Address Box 670, Hobbs, New Mexico 88240	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input type="checkbox"/>	Change in Transporter of:
Recompletion <input 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"/>
Dualled Drinkard with existing Blinebry MC-2184	

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Drinkard (NCT-B)	Well No. 1	Pool Name, Including Formation Drinkard	Kind of Lease State, Federal or Fee Fee	Lease No.
Location				
Unit Letter P	660	Feet From The South	Line and 660	Feet From The East
Line of Section 30	Township 22-S	Range 38-E	NMPM,	Lea County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
Texas-New Mexico Pipe Line Company	Box 1510, Midland, Texas 79701	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
Vented		
If well produces oil or liquids, give location of tanks.	Unit	Sec.
	J	30
	Twp.	Rge.
	22-S	38-E
	Is it actually connected?	When
	No	

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

PC-383

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input checked="" type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'v. <input type="checkbox"/>	Diff. Res'v. <input type="checkbox"/>
Date Spudded Dualled 4-1-75	Date Compl. Ready to Prod. 4-1-75	Total Depth 6521'	P.B.T.D. 6492'					
Elevations (DF, RKB, RT, GR, etc.) 3380' GL	Name of Producing Formation kDrinkard	True <input checked="" type="checkbox"/> Pay 6345'	Tubing Depth 6273' (Packer)					
Perforations 6345' to 6417'			Depth Casing Shoe 6425'					
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
17-1/4"	13-3/8"	304'	300 sacks (Circulated)					
12-1/4"	9-5/8"	2922'	1300 sacks (TOC at 1455')					
8-3/4"	7"	6425'	700 sacks (TOC at 2920')					
	2-7/8"	6425'						

V. 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 April 1, 1975	Date of Test 4-1-75	Producing Method (Flow, pump, gas lift, etc.) Flowing	
Length of Test 24 hours	Tubing Pressure 250#	Casing Pressure --	Choke Size 16/64"
Actual Prod. During Test 176 barrels	Oil-Bbls. 132	Water-Bbls. 44	Gas-MCF 1122.0

Corr Gvty 36.1

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

VI. 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.


(Signature)

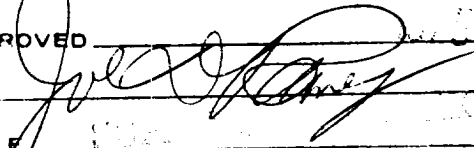
Area Engineer

(Title)

April 2, 1975

(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19____
BY 
TITLE _____

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.

RECEIVED

APR 2 1975

CL. CONSERVATION COMM.
GEOR. W. H.