	NO. OF COPIES ALCEIVED] .	÷	
	DISTRIBUTION SANTA FE FILE	NEW MEXICO OIL CONSERVATION COMMINE REQUEST FOR ALLOWABLE		Form C-104 Supersedes Old C-104 and C+1 Ettective 1-1-65
	U.S.G.S.	AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS		
	TRANSPORTER OIL GAS			
I.	OPERATOR PROPATION OFFICE Operator	-		
	GULF OIL CORPORATION			
	P. O. Box 670, Hobbs, NM 88240			
	Reason(s) for filing (Check proper box New Well) Change in Transporter of:	Other (Please explain) PB from Wantz Gra	nite Wash & recompleted
	Recompletion	Cil Dry Gr	💁 🔲 in Undes. So. Brug	nson Abo. Request temp-
	Change in Ownership Casinghead Gas Condensate orary permission to commingle w/existin Drinkard, Wantz Granite Wash & Tubb pro			
	and address of previous owner	THIS WELL HAS BEEN PLACED IN T DESIGNATED BELOW: IF YOU DO NI	HE FOOL duction under Ord.	
П.	DESCRIPTION OF WELL AND	Well No.; Pool Name, Including F	ormation D Kind of Lease	Loase No.
	Vivian	4 Undes. So. B	7-6170	or Fee Fee
	Location Unit Letter <u>H</u> ; <u>198</u>	30 Feet From The South Lir	no and <u>660</u> . Feet From 7	The East
	Line of Section 30 Toy	wnship 22S Range	38E , NMPM,	Lea County
III.	DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil A or Condensate Address (Give address to which approved copy of this form is to be s			
•	Texas-New Mexico Pipeline Co. P.O. Box 1510, Midland TX 79701 Name of Authorized Transporter of Casinghead Gas [X] or Dry Gas [7] Address (Give address to which approved copy of this form is to be			
	Warren Petroleum Corporation		P.O. Box 1589, Tulsa OK 74100	
	If well produces oil or liquids, give location of tanks.	C 30 22S 38E	Yes	9-28-76
IV.	If this production is commingled with that from any other lease or pool, give commingling order number: PC-486 COMPLETION DATA Oil Well Gas Well New Well Workover Deepen Plug Back Sume Restv. Diff. Restv.			
	Designate Type of Completio	A	Ⅰ 8 8 Ⅰ 8 8 ↓	X
	Date Spudded 6-19-47	Date Compl. Ready to Prod. 8-13-79	Total Depth 7540 [†]	P.B.T.D. 7215'
	Elevations (DF, RKB, RT, GR, etc.) 33731 GL	Name of Producing Formation Abo	Top Oll/Gas Pay 6909	Tubing Depth 7158'
	7125-27 & Depth Casing Shoe 6909-11; 6927-29; 6966-68; 7012-14; 7034-36; 7073-75; 7097-99; 7164-66			
	())) <u>11</u> , () <u>1</u> , (), (), ()		CEMENTING RECORD *tbg -	2-7/8" set @ 7158'
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT 300 sx - circ
	<u>175"</u> 125"	<u>13-3/8" - 48</u> # 9-5/8" - 36#	2950'	1300 sx - TSITOC = 1365
	8-3/4"	7'' - 23推	6785'	700 sx - TSITOC @ 2951
•,	62"	43" - 11.6#	6648 ¹ to 7539 ¹	150 sx TSITOC @ 6648
۰.	TEST DATA AND REQUEST FOR ALLOWABLE OII. WELL (Test must be after recovery of total valume of load oil and must be equal to or exceed top allow able for this depth or be for full 24 hours) Date First New Cil Bun To Tanks Date of Test Producing Method (Fiaw, pump, gas lift, etc.)			
	Bate First New Cil Hun 10 1 anks 8-13-79	8-25-79	Pump	
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size
	24 hrs Actual Prod. Duting Teat	Cil-Bbls.	Water-Bbls.	Gas-MCF
	68 bbls	51	17	140
	$API Gvty = 36.0^{\circ}$			
	Actual Prod. Test-MCF/D	Length of Test	Bbla. Condensate/MMCF	Gravity of Condensate
	Testing Method (pitot, back pr.)	Tubing Pressue (Shut-in)	Casing Pressure (Shut-in)	Choke Size
VI.	CERTIFICATE OF COMPLIANCE		OIL CONSERVATION COMMISSION	
	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.		APPROVE	
			BYGoologist	
	N. B. Sikes Jr.		This form is to be filed in compliance with RULE 1104.	
			If this is a request for allowable for a newly drilled or despended multiplies for a point be accompanied by a tabulation of the deviation	
	(Signature)) () Area Engineer		tesis taken on the well in accordance with rough the	
	Area Engineer (Tille)		All erctions of this form must be filled out completely for allow- able on new and recompleted wells.	
	8-27-79 (Date)		Fill out only Sections I. II. iff, and VI for changes of owner, well name or number, or transporter, or other such change of condition	
	(Dat	r,	Separate Forms C-104 must be filed for each pool in multiply completed wells.	