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FILE	
U.S.G.S.	
LAND 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-104  
Supersedes Old C-104 and C-11  
Effective 1-1-65

Operator <b>Gulf Oil Corporation</b>	
Address <b>Box 670, Hobbs, New Mexico 88240</b>	
Reason(s) for filing (Check proper box)	
New Well <input type="checkbox"/>	Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
Recompletion <input type="checkbox"/>	
Change in Ownership <input type="checkbox"/>	Other (Please explain) <b>Dualled Drinkard with existing Blinebry. MC-1097</b>
If change of ownership give name and address of previous owner	

DESCRIPTION OF WELL AND LEASE				
Lease Name <b>T. R. Andrews</b>	Well No. <b>5</b>	Pool Name, including Formation <b>Drinkard</b>	Kind of Lease State, Federal or Fee <b>State</b>	Lease No. <b>B-4467-1</b>
Location				
Unit Letter <b>A</b>	<b>560</b>	Feet From The <b>North</b>	Line and <b>660</b>	Feet From The <b>East</b>
Line of Section <b>32</b>	Township <b>22-S</b>	Range <b>38-E</b>	, NMPM, <b>Lea</b> County	

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)		
<b>Texas-New Mexico Pipeline Company</b>		<b>Box 1510, Midland, Texas 79701</b>		
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>		Address (Give address to which approved copy of this form is to be sent)		
<b>Warren Petroleum Corporation</b>		<b>Box 1589, Tulsa, Oklahoma 74100</b>		
If well produces oil or liquids, give location of tanks.	Unit <b>H</b>	Sec. <b>32</b>	Twp. <b>22-S</b>	Rge. <b>38-E</b>
			Is gas actually connected? <b>Yes</b>	When <b>9-29-76</b>

If this production is commingled with that from any other lease or pool, give commingling order number: **PC38 Amended**

V. COMPLETION DATA				
Designate Type of Completion -- (X) <input checked="" type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> New Well <input type="checkbox"/> Workover <input type="checkbox"/> Deepen <input type="checkbox"/> Plug Back <input type="checkbox"/> Same Res'v. <input type="checkbox"/> Diff. Res'v. <input type="checkbox"/>				
Date <del>Completed</del> <b>Dual completed 9-1-76</b>	Date Compl. Ready to Prod. <b>9-1-76</b>	Total Depth <b>7150'</b>	P.B.T.D. <b>6640'</b>	
Elevations (DF, RKB, RT, CR, etc.) <b>3374' GL</b>	Name of Producing Formation <b>Drinkard</b>	Top Oil/Gas Pay <b>6400'</b>	Tubing Depth <b>6360'</b>	
Perforations <b>6400' to 6578'</b>			Depth Casing Shoe <b>7149'</b>	
TUBING, CASING, AND CEMENTING RECORD				
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
<b>12-1/4"</b>	<b>9-5/8"</b>	<b>1417'</b>	<b>900 sacks (Circulated)</b>	
<b>8-3/4"</b>	<b>7"</b>	<b>7149'</b>	<b>2232 sacks (TOC at 1395'</b>	
	<b>2-3/8"</b>	<b>6360'</b>		

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 <b>9-1-76</b>	Date of Test <b>9-2-76</b>	Producing Method (Flow, pump, gas lift, etc.) <b>Flow</b>	
Length of Test <b>24 hours</b>	Tubing Pressure <b>100#</b>	Casing Pressure <b>--</b>	Choke Size <b>32/64"</b>
Actual Prod. During Test <b>61 barrels</b>	Oil-Bbls. <b>30</b>	Water-Bbls. <b>31</b>	Gas-MCF <b>--</b>

GAS WELL Corrected Gravity 38.7			
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size

I. 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.		APPROVED <b>SEP 30 1976</b> , 19__	
<b>D. F. Berlin</b> (Signature)		BY <b>Jerry Sexton</b>	
Area Engineer		TITLE <b>SUPERVISOR DISTRICT</b>	
September 29, 1976 (Date)		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.	