

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-110
Effective 1-1-65

DISTRIBUTION			
SA	TA	FE	
FI	E		
G.S.			
ID	OFFICE		
TRANSPORTER	OIL		
	GAS		
OPERATOR			
PRORATION OFFICE			

I. Operator
Gulf Oil Corporation
Address
Box 670, Hobbs, New Mexico 88240
Reason(s) for filing (Check proper box)
New Well ☐ Change in Transporter of:
Recompletion ☐ Oil ☐ Dry Gas ☐
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐
Other (Please explain)
Gas is connected to Warren's system but run to El Paso Natural Gas Co. Account.
If change of ownership give name and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name Drinkard (NCT-B)	Well No. 3	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 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 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 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, Oklahoma 74100			
If well produces oil or liquids, give location of tanks.	Unit J	Sec. 30	Twp. 22-S	Rge. 38-E
	Is gas actually connected? Yes		When 12-16-74	

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

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
XXXX Recompleted					XX			
Date Spudded 12-13-73	Date Compl. Ready to Prod. 12-13-73		Total Depth 6604'		P.B.T.D. 6563'			
Elevations (DF, RKB, RT, GR, etc.) 3354' GL	Name of Producing Formation Drinkard		Top Oil/Gas Pay 6312'		Tubing Depth 6266'			
Perforations 6312' to 6494'					Depth Casing Shoe 6603'			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12-1/4"	8-5/8"		1266'		625 sacks (Circulated)			
7-7/8"	5-1/2"		6603'		1305 sacks (TOC at 2250')			
	2-3/8"		6266'					

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)

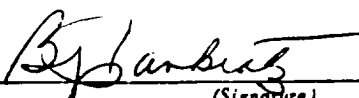
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

GAS WELL

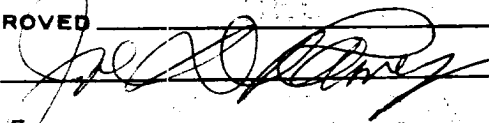
Actual Prod. Test-MCF/D 2368	Length of Test 24 hours	Bbls. Condensate/MMCF --	Gravity of Condensate
Testing Method (pitot, back pr.) Flow Meter	Tubing Pressure (shut-in) 1220# Flowing	Casing Pressure (shut-in) --	Choke Size 20-64"

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)
December 17, 1974
(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.