NO. OF COPIES RECE	IVED		
DISTRIBUTION			
SANTA FE			
FILE			
U.S.G.S.			
LAND OFFICE			
TRANSPORTER	ISPORTER OIL		
IRANSPORTER	GAS		
OPERATOR		L	<u> </u>
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IV.

NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE

Form C-104 Supersedes Old C-104 and C-110

SANTA FE	REQUEST	FUR ALLUWABLE	Effective 1-1-65
U.S.G.S.	AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS		
LAND OFFICE	AUTHORIZATION TO TRA		
I RANSPORTER OIL			
GAS			
OPERATOR OFFICE	11 1 1 1		
PRORATION OFFICE Operator		GIBLE-	
Oulf Oil Corporation	S Book Stone Stone		
Address II blan II and II			
Bex 670, Hobbs, New M Reason(s) for filing (Check proper box	:)	Other (Please explain)	
New Well	Change in Transporter of:	_ To shear gas tre	nsporter, effective
Recompletion	Oil Dry G	as May 13, 1970.	
Change in Ownership	Casinghead Gas Conde	ensate	
If change of ownership give name			
and address of previous owner			
DESCRIPTION OF WELL AND	LEASE	Formation Kind of Lea	se Lease No
Lease Name	Well No. Pool Name, including	State, Feder	
Drinkard (NCT-B)	3 Drinkard		
Unit Letter 0 : 660	Feet From The South L	ine and 1980 Feet From	The Bast
			• County
Line of Section 30 To	ownship 22-8 Range	38B , NMPM, Le	County
	TER OF OIL AND NATURAL G	AS	
Name of Authorized Transporter of O	or Condensate	Address (Give address to which app.	
Texas-New Mexico Pipe	line Company	Box 1510, Midland, Te	oved copy of this form is to be sent)
Name of Authorized Transporter of Co	of Cashighad Cas		
Warren Petroleum Corp	Unit Sec. Twp. Rge.	Ber 1589, Tulsa, Okla Is gas actually connected?	hen
If well produces oil or liquids, give location of tanks.	30 22-8 38-E	Yes	Ney 13, 1970
	ith that from any other lease or pool	l, give commingling order number:	
COMPLETION DATA		New Well Workover Deepen	Plug Back Same Resty. Diff. Res
Designate Type of Complet	011 11011	i i i i i i i i i i i i i i i i i i i	
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
			Tubing Depth
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Septin
D-4-21/22			Depth Casing Shoe
Perforations			
	TUBING, CASING, A	ND CEMENTING RECORD	SACKS CEMENT
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
TEST DATA AND REQUEST	FOR ALLOWABLE (Test must be	after recovery of total volume of load of depth or be for full 24 hours)	il and must be equal to or exceed top al.
OIL WELL	Date of Test	Producing Method (Flow, pump, gas	lift, etc.)
Date First New Oil Run To Tanks	Bate of 1881		
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
		Water - Bbls.	Gas - MCF
Actual Prod. During Test	Oil-Bbls.	wdter - Bbie.	
GAS WELL			
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
		Casing Pressure (Shut-in)	Choke Size
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	CORTINA 1 1988 ATT	
	NOE	OIL CONSER	VATION COMMISSION
. CERTIFICATE OF COMPLIANCE			MAY 14 1976
T hereby cartify that the rules an	d regulations of the Oil Conservation	on APPROVED	19
	i with and that the information give the best of my knowledge and belie		ttary
above is true and complete to	and door or my manners and and	UPERVISOR	DISTRICT
		TITLE	

VI.

ORIGINAL SIGNED BY C. D. BORLAND

(Signature)

Area Production Manager

May 13, 1970

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. Separate Forms C-104 must be filed for each pool in multiply

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MAY 13 1970