	DISTRIBUTION SA TAFE FL E	TA FE REQUEST FOR ALLOW			Supersede	Form C -104 Supersedes Old C-104 and C-110 Elfoctive 1-1-85	
	IRANSPORTER OIL OPERATOR	AUTHORIZATION TO TRA	NSPORT OIL AND	NATURAL G	AS		
1.		1					
	gerator Gulf Oil Corporation ddress						
	Box 670, Hobbs, New Mexico 88240 Reason(s) for filing (Check proper box) Other (Please explain) Dualled Drk W/existing						
	New We!l       Change in Transporter of:       Wantz Granite Wash & permission to comm-         Fecompletion       Oil       Dry Gas       ingle (Surface) the Drinkard and Wantz         Change in Ownership       Casinghead Gas       Condensate       Granite Wash production; (MC-2093)						
	If change of ownership give name and address of previous owner						
П.	DESCRIPTION OF WELL AND LEASE Vell No. Pool Name, Including Formation Kind of Lease					Lease No.	
	Lease Name			State, Federal	or Fee Fee		
	Location	1000		West	West		
	Unit Letter N ; 770 Feet From The South Line and 1980 Feet From The			he NCOL			
	Line of Section 13 To	waship 22-S Bange 37	<b>7-E</b> , NMPN	f	Lea	County	
111.	DESIGNATION OF TRANSPOR	Address (Give address to which approved copy of this form is to be sent)					
	Western Crude 011 Co., Name of Authorized Transporter of Ca	Box 1142, Midland, Texas 79701 Address (Give address to which approved copy of this form is to be sent)					
	Warren Petroleum Corpo	Box 1589, Tul		oma			
	If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Pge.		· ·	Unknown		
	If this production is commingled with that from any other lease or pool, give commingling order number:						
IV.	COMPLETION DATA Designate Type of Completi	on - (X)	New Well Workover	Deepen	Plug Back Sam	e Res'v. Diff. Res'v.	
	Date fortext Dualled	Date Compl. Ready to Prod.	Total Depth		P.B.T.D.	ł	
	1-12-75	1-12-75	7502'		7373' Tubing Depth	(Packer)	
	Elevations (DF, RKB, RT, GR, etc.) 3228 <sup>†</sup> GL	Name of Producing Formation Drinkard	Top Oil/Gree Pay T 6282'		6247 '	6247'	
	Perforations		<b>-</b>		Depth Casing Sho 7501'	•	
	6282-6458 TUBING, CASING, AND CEMENTING RECORD						
	HOLE SIZE	CASING & TUBING SIZE	DEPTHS		SACKS CEMENT 500 sacks (Circulated) 777 sacks (TOC at 2160'		
	12-1/4"	9-5/8"	1196'				
	8-3/4"	7" 2-3/8"	<u> </u>		/// sacks	(100 at 2100	
V.	TEST DATA AND REQUEST FOR ALLOWABLE       (Test must be after recovery of total volume of load oil and must be equal to or exceed top allo able for this depth or be for full 24 hours)         OIL WELL       Producing Method (Flow, pump, gas lift, etc.)						
	Date First New Oil Run To Tanks	1-30-75	Swab and flow				
	1-12-75 Length of Teet	Tubing Pressure	Casing Pressure		Choke Size		
	10 hours	Oil-Bbis.	Water-Bbls.		2 <sup>11</sup> Gas-MCF		
	Actual Prod. During Test 90 barrels	60	30 (Load Water)				
	GAS WELL Actual Prod. Teet-MCF/D	Length of Test	Bbls. Condensate/MMCF		Gravity of Condensate		
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shu	t-in)	Choke Size		
VI.	CERTIFICATE OF COMPLIAN	OIL CONSERVATION COMMISS		SION			
	I hereby certify that the rules and Commission have been complied above is true and complete to the	APPROVED . 19			, 19		
	$\mathcal{N}$		This form is 1	o be filed in c	compliance with	RULE 1104.	
	Bhanku	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 allow					
	(Sig						
	Area Engineer (7	able on new and r	ecompleted we	<b>p118</b> .			
	February 12, 19	075	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				
	(Date)		well name or number, or transporter, or other such change of constituent				

well name or number, or transporter, or other such change of condition.