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FI	E				
G.S.					
D	OFFICE				
TRANSPORTER	OIL				
	GAS				
OPERATOR					
PRORATION 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

I.

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"/>
Recompletion <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Other (Please explain) <b>New Well</b>

If change of ownership give name  
and address of previous owner \_\_\_\_\_

II. DESCRIPTION OF WELL AND LEASE

Lease Name <b>H. T. Mattern (NCT-D)</b>	Well No. <b>9</b>	Pool Name, Including Formation <b>Drinkard</b>	Kind of Lease State, Federal or Fee <b>Fee</b>	Lease No.
Location Unit Letter <b>D</b> ; <b>810</b> Feet From The <b>North</b> Line and <b>660</b> Feet From The <b>West</b> Line of Section <b>6</b> Township <b>22-S</b> Range <b>37-E</b> , NMPM, <b>Lea</b> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> <b>Western Crude Oil, Inc.</b>	Address (Give address to which approved copy of this form is to be sent) <b>Box 1142, Midland, Texas 79701</b>	
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> <b>Warren Petroleum Corporation</b>	Address (Give address to which approved copy of this form is to be sent) <b>Box 1589, Tulsa, Oklahoma 74100</b>	
If well produces oil or liquids, give location of tanks.	Unit <b>A</b>	Sec. <b>1</b>
	Twp. <b>22-S</b>	Rge. <b>37-E</b>
	Is gas actually connected? <b>Yes</b>	When <b>10-7-74</b>

If this production is commingled with that from any other lease or pool, give commingling order number: **CTB-254**

IV. COMPLETION DATA

Designate Type of Completion - (X)		Oil Well <input checked="" type="checkbox"/>	Gas Well	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded <b>8-28-74</b>	Date Compl. Ready to Prod. <b>10-7-74</b>	Total Depth <b>6800'</b>		P.B.T.D. <b>6767'</b>					
Elevations (DF, RKB, RT, GR, etc.) <b>3467'</b>	Name of Producing Formation <b>Drinkard</b>	Top Oil/Gas Pay <b>6433'</b>		Tubing Depth <b>6397'</b>					
Perforations <b>6433' to 6675'</b>		Depth Casing Shoe <b>6800'</b>							
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET		SACKS CEMENT					
<b>12-1/4"</b>	<b>8-5/8"</b>	<b>1186'</b>		<b>535 sacks (Circulated)</b>					
<b>7-7/8"</b>	<b>5-1/2"</b>	<b>6800'</b>		<b>725 sacks (TOC at 2360')</b>					
	<b>2-3/8"</b>	<b>6397'</b>							

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)

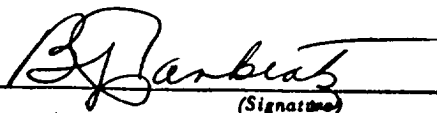
Date First New Oil Run To Tanks <b>10-7-74</b>	Date of Test <b>11-25-74</b>	Producing Method (Flow, pump, gas lift, etc.) <b>Flow</b>	
Length of Test <b>24 hours</b>	Tubing Pressure <b>390#</b>	Casing Pressure <b>--</b>	Choke Size <b>21/64"</b>
Actual Prod. During Test <b>212 barrels</b>	Oil - Bbls. <b>106</b>	Water - Bbls. <b>106</b>	Gas - MCF <b>--</b>

GAS WELL

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

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.



Area Engineer

(Title)

November 26, 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.