

NEW MEXICO OIL CONSERVATION COMM. ON
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

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FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	

I. OPERATOR
Operator
GULF OIL CORPORATION
Address
P. O. Box 670 Hobbs, NM 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)
Re-opened TA Drinkard & CDH w/existing Tubb DHC-275

If change of ownership give name and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name H. T. Mattern (NCT-D)	Well No. 11	Pool Name, including Formation Drinkard	Kind of Lease State, Federal or Fee Fee	Lease No.
Location Unit Letter F ; 1980 Feet From The N Line and 1650 Feet From The West Line of Section 6 Township 22S Range 37E , NMPM, Lea 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"/> Western Crude Oil Inc.	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1142 Midland, TX 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) P. O. Box 1589 Tulsa, OK 74100			
If well produces oil or liquids, give locator of tanks. F	Unit 6	Sec. 22S	Twp. 37E	Rge. Yes
Is gas actually connected? Yes				When 7-20-78

If this production is commingled with that from any other lease or pool, give commingling order number: **DHC-275**

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date 5-28-78 7-12-78	Date Compl. Ready to Prod. 7-20-78	Total Depth 6800'	P.B.T.D. 6750'					
Elevations (DF, RKB, RT, GR, etc.) 3457' GL	Name of Producing Formation Drinkard	Top Oil/Gas Pay 6506'	Tubing Depth 6735'					
Perforations 6506' - 6643'	Depth Casing Shoe 6794'							

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12 1/2"	8-5/8"	1196'	400 sx - circ
7-7/8"	5 1/2"	6794'	600 sx - TOC @24,114'
	2-3/8"	6735'	

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 7-20-78	Date of Test 6-20-79	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 24 hrs.	Tubing Pressure --	Casing Pressure --	Choke Size 2" wo
Actual Prod. During Test 55 bbls	Oil - Bbls. 40	Water - Bbls. 15	Gas - MCF 146

Corrected Gravity: 37.70

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (prior, 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.

N. D. Sikes, Jr.
(Signature)
Area Engineer
(Title)
6-21-79
(Date)

OIL CONSERVATION COMMISSION
JUN 22 1979

APPROVED _____, 19____
BY _____
TITLE **SUPERVISOR DISTRICT I**

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 deviate 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 conditions.
Separate Forms C-104 must be filed for each pool in multiple completed wells.

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JUN 2 2 1979

**OIL CONSERVATION COMM.
HOBBS, N. M.**