

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NO. OF COPIES DESIRED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.	
LAND OFFICE	
TRANSPORTER	
OPERATION	
PRODUCTION OFFICE	
REGISTRAR	

Gulf Oil Corporation

Address

P. O. Box 670, Hobbs, NM 88240

Reason(s) for filing (Check proper box)

New Well ☐Recompletion ☐Change in Ownership ☐

Change in Transporter of:

Oil ☐Casinghead Gas ☐Dry Gas ☐Condensate ☐

Other (Please explain)

DHC Tubb, Drinkard, Blinebry
(R-7238)If change of ownership give name
and address of previous owner _____

DESCRIPTION OF WELL AND LEASE

Lease Name H. T. Mattern (NCT-D)	Well No. 13	Pool Name, Including Formation Drinkard	Kind of Lease State, Federal or Fee	Fee	Lease #
Location					
Unit Letter <u>N</u> : <u>810</u> Feet From The <u>South</u> Line and <u>1930</u> Feet From The <u>West</u>					
Line of Section <u>6</u> Township <u>22S</u> Range <u>37E</u> , NMPM, Lea Count					

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)				
Getty Trading & Transportation	Box 1142, Midland, TX 79701				
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)				
Warren Petroleum	Box 1589, Tulsa, OK 74100				
If well produces oil or liquids, give location of tanks.	Unit NW/4	Sec. 1	Twp. 22S	Rge. 36E	Is gas actually connected? <input checked="" type="checkbox"/> When 8-9-75

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

COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Hes'tv. <input type="checkbox"/>	Diff. Re. <input type="checkbox"/>
Date 5-16-83	Date Compl. Ready to Prod. 5-31-83		Total Depth 6715'		P.B.T.D. 6670'			
Elevations (DF, RKB, RT, GR, etc.) 3457' GL	Name of Producing Formation Drinkard		Top Oil/Gas Pay 5462'		Tubing Depth 6187'			
Perforations 5462-6660					Depth Casing Shoe --			

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
No New Casing			

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.)

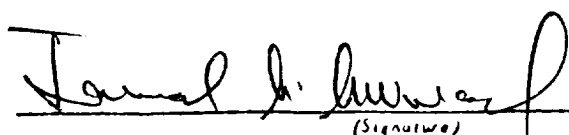
Date First New Oil Run To Tanks 5-31-83	Date of Test 6-20-83	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 hrs	Tubing Pressure 35#	Casing Pressure 0#	Choke Size --
Actual Prod. During Test 13	Oil-Bbls. 2	Water-Bbls. 11	Gas-MCF 31

GAS WELL

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

I. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division 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)

6-28-83

(Date)

OIL CONSERVATION DIVISION

APPROVED JUN 30 1983, 19BY ORIGINAL SIGNED BY JERRY SEXTON

DISTRICT I SUPERVISOR

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 device tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for all wells 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 multi-completed wells.