

DISTRIBUTION
TABLE NO.
FILE
U.S.G.S.
LAND OFFICE
TRANSPORTER
OIL
GAS
OPERATOR
PRODUCTION OFFICE

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-101
Supersedes Old C-101 and C-1
Effective 1-1-65

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: Oil ☐ Dry Gas ☐
Recompletion ☐ Oil ☐ Condensate ☐
Change in Ownership ☐ Casinghead Gas ☐
Other (Please explain)
Downhole Commingle per DHC 335 (Tubb & Drinkard)
If change of ownership give name and address of previous owner

I. 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	Lease No. Fee
Location Unit Letter N : 810 Feet From The South Line and 1930 Feet From The East West				
Line of Section 6 Township 22S Range 37E, NMPM, Lea County				

II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐ Western Crude, Inc.	Address (Give address to which approved copy of this form is to be sent) Box 1142, Midland, TX 79701			
Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐ Warren Petroleum	Address (Give address to which approved copy of this form is to be sent) 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?		When 8-9-75	

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

III. COMPLETION DATA

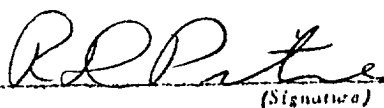
Designate Type of Completion - (X) XX	Oil Well ☐ Gas Well ☐ New Well ☐ Workover ☐ Deepen ☐ Plug Back ☐ Same Res't' ☐ Part. Res't' ☐		
Date 5-3-81 6-3-81	Date Compl. Ready to Prod. 6-3-81	Total Depth 6715'	P.D.T.D. 6686'
Elevations (OF, RKB, RT, GR, etc.) 3457' GL	Name of Producing Formation Drinkard	Top Oil/Gas Pay 6239'	Tubing Depth 6364'
Perforations 6239'-6660'			Depth Casing Shoe --
TUBING, CASING, AND CEMENTING RECORD			
HOLE SIZE No New Casing	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

IV. 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 allowable for this depth or be for full 24 hours)

Date First New Oil Run To Tanks 6-3-81	Date of Test 6-16-81	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 24 hours	Tubing Pressure 45#	Casing Pressure 0#	Choke Size 2" W.O.
Actual Prod. During Test 12	Oil - Bbls. 10	Water - Bbls. 2	Gas - MCF 110
GAS WELL Actual Prod. Test-MCF/D Length of Test Testing Method (flow, back pr.)		Drinkard-5 Tubb -5 Drinkard-73 Tubb -37 Bbls. Condensate/MMCF Gravity of Condensate Casing Pressure (Shut-in) Choke Size	

V. 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.


(Signature)
Area Engineer
(Title)
6-17-81
(Date)

OIL CONSERVATION COMMISSION
JUN 23 1981
APPROVED _____, 19____
BY Orly Signed By
Jerry S. Serna
District Supv.
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 daylight tests taken on the well in accordance with RULE 111.
All portions 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.