

DISTRIBUTION			
SA	T A F E		
FI	E		
G.S.			
L	ID 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-110
Effective 1-1-85

Operator Gulf Oil Corporation	
Address Box 670, Hobbs, New Mexico 88249	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
	New Well

If change of ownership give name and address of previous owner _____
THIS WELL HAS BEEN PLACED IN THE POOL DESIGNATED BELOW. IF YOU DO NOT CONCUR NOTIFY THIS OFFICE. **R-5102**

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

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)				
Western Crude Oil, Inc.		Box 1142, Midland, Texas 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 Corporation		Box 1589, Tulsa, Oklahoma 74100				
If well produces oil or liquids, give location of tanks.	Unit A	Sec. 1	Twp. 22S	R. 36E	Is gas actually connected? Yes	When 8-9-75

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

Designate Type of Completion - (X)		Oil Well <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'v. <input type="checkbox"/>	Diff. Res'v. <input type="checkbox"/>
Date Spudded 7-10-75	Date Compl. Ready to Prod. 8-2-75	Total Depth 6715'		P.B.T.D. 6686'					
Elevations (DF, RKB, RT, GR, etc.) 3457' GL	Name of Producing Formation Drinkard	Top Oil/Gas Pay 6484'		Tubing Depth 6441'					
Perforations 6484' to 6660'				Depth Casing Shoe 6712'					
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT				
11"	8-5/8"		1149'		375 sacks (Circulated)				
7-7/8"	5-1/2"		6712'		750 sacks (TOC at 2230)				
	2-3/8"		6441'						

Date First New Oil Run To Tanks 8-2-75		Date of Test 8-20-75	Producing Method (Flow, pump, gas lift, etc.) Flow	
Length of Test 24 hours	Tubing Pressure 300#	Casing Pressure --	Choke Size 26/64"	
Actual Prod. During Test 270 barrels	Oil-Bbls. 110	Water-Bbls. 160 (Load)	Gas-MCF --	

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.

D. F. Berlin
(Signature)
Area Engineer
(Title)
August 20, 1975
(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19____

BY **John W. Remyan**
(Signature)

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.