

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 REQUIRED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.D.C.	
LAND OFFICE	
TRANSPORTER	
OIL	
GAS	
OPERATOR	
PRODUCTION OFFICE	
Operator	

Gulf Oil Corporation

Address
P. O. Box 670, Hobbs, NM 88240

Reason(s) for Filing (Check proper box)	Other (Please explain)
New Well <input type="checkbox"/>	DHC Blinebry, Tubb, Drinkard (R-7238)
Recompletion <input type="checkbox"/>	
Change in Ownership <input type="checkbox"/>	
Change in Transporter oil: <input type="checkbox"/>	
Oil <input type="checkbox"/>	
Casinghead Gas <input type="checkbox"/>	
Dry Gas <input type="checkbox"/>	
Condensate <input type="checkbox"/>	

If change of ownership give name
and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
H. T. Mattern (NCT-D)	14	Drinkard	State, Federal or Fee Fee	
Location				
Unit Letter	C	400	Feet From The North Line and 1650	Feet From The West
Line of Section	7	Township	22S	Range 37E, NMPM, Lea
County				

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	Sec.	Twp.	Rge.	Is gas actually connected?	When
	NW/4	7	22S	37E	Yes	9-13-75

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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'
	XX							
Date Drilled	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
5-16-83	5-18-83	6700'	6682'					
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
3445' GL	Drinkard	5464'	6100'					
Perforations			Depth Casing Shoe					
5464' - 6644'			--					

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 all able for this depth or be for full 24 hours)

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
5-22-83	5-23-83	Pump	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24 hrs	35#	0#	--
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF
17	4	13	37

GAS WELL

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

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.

R. D. Pite

(Signature)

Area Engineer

(Title)

6-6-83

(Date)

OIL CONSERVATION DIVISION

APPROVED JUN 15 1983, 19

BY ORIGINAL DISTRICT 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 deeper 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 able on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of ow well name or number, or transportation or other such change of condition.

Separate Forms C-104 must be filed for each pool in multi-completed wells.

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JUN 8 1983
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