11	BTATE OF NEW MEXICO NGY AND MINERALS DEPARTMENT		** 1 1</th <th>DIVICI</th> <th>Form C-104 Revised 10</th> <th></th>	DIVICI	Form C-104 Revised 10			
1	** ** ***** ******			DIVISIC				
	SANTA FE, NEW MEXICO 87501							
1								
	U 8.0.8.	REQUEST FOR ALLOWABLE						
	ANSPONTER OIL AND							
1.	AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS							
	Gulf Oil Corporation							
	Address							
	P. O. Box 670, Hobbs, NM 88240							
	Reason(s) for filing (Check proper box) Other (Pleuse explain)							
	New Well Change in Transporter of:							
	Recompletion X Chi Diff doe Change in Ownership Castaghead Gas Condensate							
				······································				
	If change of ownership give name							
	and address of previous owner							
;.	DESCRIPTION OF WELL AND LEASE Well No. Pool Name, Including Form			Kind of Lear	5 C	Loane No		
	Carde traine			State, Federal or Fee Fee				
					100	J		
	_ocation							
	Unit Letter E : 1650 Feel From The North Line and 610 Feel 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 CH X or Condensate Western Crude Oil, Inc.			Box 1142, Midland, TX 79701			
	Name of Authorized Transporter of Casinghead Gas or Dry Gas		Address (Give address to which approved copy of this form is to be sent)					
	Warren Petroleum Corp.		Box 1589, Tulsa, OK 74100					
	Unit Sec. Twp. Rge. Is				hen			
	give location of tanks. (NW/4 1 / 225 1 5/E) IES Officient							
	If this production is commingled with that from any other lease or pool, give commingling order number:							
	COMPLETION DATA	Oil Well Gas Well	New Well		Plug Back Same Hes	v. Diff. Res'		
	Designate Type of Completio	n - (X)	1					
	Date Spx Storx	Date Compl. Ready to Prod.	Total De	-	P.B.T.D.			
	11-15-82	11-20-82		760'	6090' Tubing Depth			
	Elevations (DF, RKB, RT, CR, etc.)	*'ame of Producing Formation	Top OII/		5861 '			
	3455' GL	Blinebry	54	93'	Depth Casing Shoe			
	5493'-5861'							
	TUBING, CASING, AND CEMENTING RECORD							
	HOLE SIZE	CASING & TUBING SIZE	ļ	DEPTH SET	SACKS CEM	ENT		
	No New Casing							
		1						
,	THE DATA AND REOU'EST FO	DRALLOWABLE (Test must be a	fer recove	ry of total volume of load oi	il and must be equal to or e	ixceed top allc		
•	able for this depth or be for full 24 hours)							
	Dute First New Oll Run To Tanks	Date First New Oil Run To Tanka Date of Test		_	11)1, « 10-)			
	11-20-82	11-20-82	Casing F	Pump	Choke Sixe			
	Length of Test 24 hrs	Tubing Pressure 40#	· ·)#				
	Actual Pred. During Test	40 <i>tr</i> 011-Bbls.	Water - B		Gas-MCF			
	218	43	<u> </u>	175	72			
	GAS WELL		Bbla Co	ondensale/MHCF	Gravity of Condeneate			
	Actual Frod. Toot-MCF/D	Length of Test						
	Testing Method (pitor, back pr.)	Tubing Presewe (shut-in)	Cosing F	Pressure (Shut-in)	Choie Size			
			<u> </u>					
1	CERTIFICATE OF COMPLIANCE			DIL RONSERY	1982			
						19		
	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.		APPR	ORIGINAL SIGNED BY				
			BYJERRY SEXTON					
			TITI .	TITLE DETRICT 1 SUPP.				
	$\bigcirc \bigcirc \bigcirc \land I$		This form is to be filed in compliance with BULE 1104.					
	KUN-T-e		This form is to be first in comparison for a newly drilled or deepen If this is a request for allowable for a newly drilled or deepen well, this form must be accompanied by a tabulation of the deviati- well, this form must be accompanied by a tabulation of the deviati-					
	(Signature) Area Engineer (Title)			this form must be accom- taken on the well in acc				
				It sections of this form a	must be filled out compl	staly for allo		
					¥/#11#.			
	11-30-8			Fill out only Sections I. II. III, and VI for changes of owner Fill out only Sections I. II. III, and VI for change of condition				
		st#}	well n	eparate Forms C-104 m	ust be filed for each p	ool in multip		
				completed wells.				

