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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-104
Supersedes Old C-104 and C-111
Effective 1-1-65

I.

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"/>	Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>	Re-opened TA Drinkard zone & CDH with existing Tubb zone per DHC-283
Recompletion <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	
Change in Ownership <input type="checkbox"/>		

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name H. T. Mattern (NCT-D)	Well No. 16	Pool Name, including Formation Drinkard	Kind of Lease State, Federal or Fee	Lease No. Fee
Location Unit Letter E ; 1650 Feet From The North Line and 610 Feet From The West Line of Section 7 Township 22S Range 37E, NMPM, Lea County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Western Crude Oil, Inc.	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1142, Midland, TX 79701					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Warren Petroleum Corp.	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1589, Tulsa, OK 74100					
If well produces oil or liquids, give location of tanks.	Unit NW 1/4	Sec. 7	Twp. 22S	Rge. 37E	Is gas actually connected? Yes	When 8-6-79

If this production is commingled with that from any other lease or pool, give commingling order number: DHC-283

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well	New Well	Workover <input checked="" type="checkbox"/>	Deepen	Plug Back	Same Rest'v.	Diff. Rest'v.
Date Spudded 8-28-75	Date Compl. Ready to Prod. 8-10-79		Total Depth 6760'		P.B.T.D. 6725'			
Elevations (DF, RKB, RT, GR, etc.) 3455' GL	Name of Producing Formation Drinkard		Top Oil/Gas Pay 6510'		Tubing Depth 6667'			
Perforations 6510-12'; 6533-35'; 6563-65'; 6596-98'; 6623-25'; 6646-48'; 6668-70'					Depth Casing Shoe ---			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
11"	8-5/8" - 24#		1082'		500 - circ			
7-7/8"	5 1/2" - 15.5#		6760'		650 - TSITOC @ 2275'			
	2-3/8" tbg		6725'					

V. 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 8-10-79	Date of Test 8-15-79	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 hrs	Tubing Pressure 45	Casing Pressure 45	Choke Size 2" wo
Actual Prod. During Test 112 bbls	Oil - Bbls. 40	Water - Bbls. 72	Gas - MCF 108

API Gvty = 36.2°

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

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.

N.B. Sikes, Jr.
(Signature)

Area Engineer
(Title)

8-17-79
(Date)

OIL CONSERVATION COMMISSION

APPROVED AUG 20 1979, 19

BY [Signature]
TITLE SUPERVISOR DISTRICT 1

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.

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