

DISTRIBUTION			
SA	TA	FE	
FI	E		
G.S.			
LAND 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 1-1-65

I.

Operator Gulf Oil Corporation		CASINGHEAD GAS MUST NOT BE PLACED AFTER 11/15/72 UNLESS AN EXCEPTION TO R-4070 IS OBTAINED.	
Address Box 670, Hobbs, New Mexico		Other (Please explain)	
Reason(s) for filing (Check proper box)		New Well	
New Well <input checked="" 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"/>	

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**

II. DESCRIPTION OF WELL AND LEASE

Lease Name H. T. Mattern (NCT-D)	Well No. 16	Pool Name, Including Formation Undesignated Drinkard	Kind of Lease State, Federal or Fee Fee	Lease No.
Location				
Unit Letter E	1650'	Feet From The North	Line and 610	Feet From The West
Line of Section 7	Township 22-S	Range 37-E	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 Co., Inc.	Address (Give address to which approved copy of this form is to be sent) Box 1142, Midland, Texas 79701			
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Warren Petroleum Corporation	Address (Give address to which approved copy of this form is to be sent) Box 1589, Tulsa, Oklahoma 74100			
If well produces oil or liquids, give location of tanks.	Unit NW/4	Sec. 7	Twp. 22-S	Rge. 37-E
			Is gas actually connected? Yes	When 9-22-75

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

IV. COMPLETION DATA

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 8-28-75	Date Compl. Ready to Prod. 9-15-75		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 6482'			
Perforations 6510' to 6670'					Depth Casing Shoe 6760'			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
11"	8-5/8"		1082'		500 sacks (Circulated)			
7-7/8"	5-1/2"		6760'		650 sacks (TOC at 2275')			
	2-3/8"		6482'					

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 9-15-75	Date of Test 9-17-75	Producing Method (Flow, pump, gas lift, etc.) Flowing	
Length of Test 24 hours	Tubing Pressure 200#	Casing Pressure --	Choke Size 18/64"
Actual Prod. During Test 157 barrels	Oil-Bbls. 108	Water-Bbls. 49 (Load)	Gas-MCF --

GAS WELL

Corrected Gravity **38.1**

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. J. Berlin

(Signature)

Area Engineer

(Title)

September 25, 1975

(Date)

OIL CONSERVATION COMMISSION

APPROVED

BY

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.