

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 DESIRED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.O.B.	
LAND OFFICE	
TRANSPORTER	OIL
	NATURAL 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"/>	Change in Transporter of:	
Recompletion	<input checked="" type="checkbox"/>	Oil	<input type="checkbox"/>
Change in Ownership	<input type="checkbox"/>	Condensing Gas	<input type="checkbox"/>
		Dry Gas	<input type="checkbox"/>
		Condensate	<input type="checkbox"/>

If change of ownership give name and address of previous owner _____

1. DESCRIPTION OF WELL AND LEASE

Lease Name H.T. Mattern (NCT-D)	Well No. 17	Pool Name, including Formation Blinebry	Kind of Lease State, Federal or Fee	Lease No. Fee
Location Unit Letter <u>F</u> : <u>1650</u> Feet From The <u>North</u> Line and <u>1720</u> Feet From The <u>West</u> Line of Section <u>7</u> Township <u>22S</u> Range <u>37E</u> , NMPM, <u>Lea</u> County				

2. 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	Address (Give address to which approved copy of this form is to be sent) 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) Box 1589, Tulsa, OK 74100			
If well produces oil or liquids, give location of tanks.	Unit NW/4	Sec. 7	Twp. 22S	Rge. 37E
Is gas actually connected?		When		
Yes		11-20-79		

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

3. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'
	XX			XX				
Date XXXXXX 11-22-82	Date Compl. Ready to Prod. 11-30-82		Total Depth 6735'		P.B.T.D. 6696'			
Elevations (DF, RKB, RT, GR, etc.) 3450' GL	Name of Producing Formation Blinebry		Top Oil/Gas Pay 5472'		Tubing Depth 5841'			
Perforations 5472'-5840'					Depth Casing Shoe --			

TUBING, CASING, AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
No New Casing			


4. TEST DATA AND REQUEST FOR ALLOWABLE (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 11-30-82	Date of Test 12-7-82	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 hrs	Tubing Pressure	Casing Pressure	Choke Size --
Actual Prod. During Test 175	Oil-Bbls. 50	Water-Bbls. 125	Gas-MCF 61

GAS WELL	
Actual Prod. Test-MCF/D	Length of Test
Testing Method (prior, back pr.)	Tubing Pressure (shut-in)
	Casing Pressure (shut-in)
	Choke Size

5. 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.


(Signature)
Area Engineer
(Title)
12-28-82
(Date)

OIL CONSERVATION DIVISION
DEC 30 1982
APPROVED _____, 19____
BY _____ ORIGINAL SIGNED BY
JERRY SEXTON
TITLE _____ DISTRICT SUPER.

This form is to be filed in compliance with RULE 1104.
If this is a request for allowable for a newly drilled or deepen well, this form must be accompanied by a tabulation of the deviate tests taken on the well in accordance with RULE 111.
All sections of this form must be filled out completely for all wells on new and recompleted wells.
Fill out only Sections I, II, III, and VI for changes of own 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.

RECEIVED

DEC 29 1982

A.C.D.
HOBBS OFFICE