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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)

New Well ☐ Change in Transporter of:
Recompletion ☐ Oil ☐ Dry Gas ☐
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐

Other (Please explain)
DHC per Administrative Order
No. DHC-312

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. 17	Pool Name, Including Formation Drinkard	Kind of Lease State, Federal or Fee	Lease No. Fee
Location Unit Letter F : 1650 Feet From The North Line and 1720 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	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 Corporation	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/4	Sec. 7	Twp. 22S	Rge. 37E	Is gas actually connected? Yes	When 11-20-79

If this production is commingled with that from any other lease or pool, give commingling order number: DHC-312

IV. COMPLETION DATA

Designate Type of Completion - (X) XX	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Drill
Date DHC Begun 4-17-80	Date Compl. Ready to Prod. 4-25-80		Total Depth 6735'		P.B.T.D. 6698'			
Elevations (DF, RAB, RT, CR, etc.) 3450' GL	Name of Producing Formation Drinkard		Top Oil/Gas Pay 6488'		Tubing Depth 6684'			
Perforations 6488-90', 6510-12', 6554-56', 6584-86', 6628-30', 6652-54'					Depth Casing Shoe --			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
	2-3/8" tbg		6684'		None			

V. 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)

** OIL WELL

Date First New Oil Run To Tanks 4-25-80	Date of Test 4-25-80	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 hrs	Tubing Pressure 40#	Casing Pressure 40#	Choke Size --
Actual Prod. During Test 45	Oil-Bbls. 20	Water-Bbls. 25	Gas-MCF 163

** Combined Test of Tubb & Drinkard

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.

Geary Stene
(Signature)

Area Engineer

(Title)

4-29-80

(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.

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