

DISTRIBUTION	NEW MEXICO OIL CONSERVATION COMMISSION	Form C-104
SANTA FE	REQUEST FOR ALLOWABLE	Supersedes OIL C-101 and C-111
FILE	AND	Effective 1-1-65
U.S.G.S.	AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS	
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRODUCTION OFFICE		

Operator Gulf Oil Corporation	
Address P.O. Box 670, Hobbs, N.M. 88240	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well ☐	Change in Transporter of: To show Gas Transporter
Recompletion ☐	Oil ☐ Dry Gas ☐
Change in Ownership ☐	Casinghead Gas ☐ Condensate ☐

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

DESCRIPTION OF WELL AND LEASE			
Lease Name Manda	Well No. 1	Pool Name, including Formation Drinkard	Kind of Lease State, Federal or Fee Fee
Location			
Unit Letter N	860'	Feet From The south	Line and 1830'
Line of Section 21	Township 22S	Range 37E	County Lea

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS			
Name of Authorized Transporter of Oil ☒ or Condensate ☐		Address (Give address to which approved copy of this form is to be sent)	
Western Crude Oil, Inc.		Box 1142, Midland, Texas 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)	
Shelby Oil Company		Box 1135, Eunice, New Mexico 88231	
If well produces oil or liquids, give location of tanks.	Unit C	Sec. 28	Twp. 22S
		Pge. 37E	Is gas actually connected? Yes
			When 5-2-77
If this production is commingled with that from any other lease or pool, give commingling order number: PLC-49			

COMPLETION DATA			
Designate Type of Completion - (X)	Oil Well	Gas Well	New Well
			Workover
			Deepen
			Plug Back
			Same Res'v.
			Diff. Res'v.
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
Perforations			Depth Casing Shoe

TUBING, CASING, AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

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	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

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

OIL CONSERVATION COMMISSION	
APPROVED _____, 1977	
Orig. Signed by Jerry Sexton Dist 1, Supv.	
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 deviate tests taken on the well in accordance with RULE 111.	
All portions 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.	

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. F. Berlin
(Signature)
Area Engineer
May 26, 1977
(Date)

RECEIVED

MAY 26 1977

OIL CONSERVATION COMM.
HOBBS N. M.