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U.S.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

Operator Gulf Oil Corporation		CASINGHEAD GAS MUST NOT BE FLARED AT THE UNLESS AN EXCEPTION TO R-4070 IS OBTAINED.
Address Box 670, Hobbs, New Mexico		
Reason(s) for filing (Check proper box)		Other (Please explain)
New Well ☐	Change In Transporter of: Oil ☐ Dry Gas ☐ Casinghead Gas ☐ Condensate ☐	New Well
Recompletion ☐		
Change In Ownership ☐		

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.**

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

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS		Address (Give address to which approved copy of this form is to be sent)				
Name of Authorized Transporter of Oil ☒ or Condensate ☐		Box 1142, Midland, Texas 79701				
Western Crude Oil, Inc.		Address (Give address to which approved copy of this form is to be sent)				
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☐						
None - Waiting on tank battery construction						
If well produces oil or liquids, give location of tanks.	Unit	Soc.	Twp.	Rge.	Is gas actually connected?	When
	N	21	22-S	37-E	No	

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

COMPLETION DATA		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Designate Type of Completion - (X)		XX		XX					
Date Spudded	Date Compl. Ready to Prod.	Total Depth		P.B.T.D.					
1-31-77	2-24-77	6700'		6660'					
Elevations (DF, RKB, RT, CR, etc.)	Name of Producing Formation	Top Oil/XXs Pay		Tubing Depth					
3348' GL	Drinkard	6435'		6623'					
Perforations				Depth Casing Shoe					
6435' - 6568'				6700'					
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET		SACKS CEMENT					
12-1/4"	8-5/8"	1168'		450 Sacks (Circulated)					
7-7/8"	5-1/2"	6700'*		2125 Sacks (Circulated)					
	2-3/8"	6623'							
		* DV tool at 2620'							

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	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
2-24-77	3-11-77	Pump	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24 hours	--	--	2"
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF
79 barrels	67	12 (Load)	--

GAS WELL		Corrected Gravity 38.1	
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

I. CERTIFICATE OF COMPLIANCE		OIL CONSERVATION COMMISSION	
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.		APPROVED _____, 19____	
BY D. T. Berlin (Signature)		BY John W. Runyan Geologist	
Area Engineer		TITLE _____	
March 11, 1977 (Date)		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 logs taken on the well in accordance with RULE 111.	
		All portions of this form must be filled out completely for allowable on new and existing wells.	
		Fill out only sections I, II, III, and VI for changes of owner, well name or number, or to report on other such change of condition.	

~~CONFIDENTIAL~~

MAR 11 1977
OIL CONSERVATION COMM.
HEBES. H. M.