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| | GAS |
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**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

PURSUANT TO THE POOL RULES THIS AUTHORITY TO PRODUCE AND SHIP OR STORE THIS WELL WILL AUTOMATICALLY EXPIRE UNLESS A PERMANENT GAS CONNECTION OR AN AUTHORIZED EXCEPTION TO THE ABOVE RULE HAS BEEN OBTAINED BY: 9/1/70

Operator **The Fundamental Oil Corporation**
 Address **1000 V & J Tower, Midland, Texas 79701**
 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)
THIS WELL HAS BEEN PLACED IN THE POOL DESIGNATED BELOW. IF YOU DO NOT CONCUR NOTIFY THIS OFFICE.

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

| | | | |
|--|----------------------|--|---|
| Lease Name Gulf Leonard | Well No. 1 | Pool Name, including Formation Delwood-Blinbery R-3995 | Kind of Lease State, Federal or Fee Fee |
| Location Unit Letter H ; 2310 Feet From N Line and 330 Feet From The E Line of Section 24 , Township- 23 S Range- 36-E , NMPM, Lea County | | | |

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

| | |
|---|---|
| Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> Condensate <input type="checkbox"/> Admiral Crude Oil Corporation | Address (Give address to which approved copy of this form is to be sent) Box 1713, Midland, Texas 79701 |
| Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> None At Present | Address (Give address to which approved copy of this form is to be sent) |
| If well produces oil or liquids, give location of tanks. Unit H | Is gas actually connected? No When N/A |

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 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 Resrv. <input type="checkbox"/> | Diff. Resrv. <input type="checkbox"/> |
| Date Spudded 12-26-69 | Date Cased 3-18-70 | Total Depth 6760 | P.B.T.D. 6736 | | | | | |
| Pool Delwood-Blinbery | Name of Producing Formation Delwood-Blinbery | Top Oil/Gas Pay 5619 | Tubing Depth 6549 | | | | | |
| Perforations 6681 - 6733 (7 holes) and 6739 - 6747 (8 holes) | TUBING, CASING, AND CEMENTING RECORD | | | | | | | |
| HOLE SIZE | CASING SIZE | DEPTH SET | SACKS CEMENT | | | | | |
| 14" | 2 3/8" | 1299 | 600 | | | | | |
| 8 3/4" | 7" | 6760 | 965 | | | | | |
| | 2 3/8" | 6549 | | | | | | |

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 5-25-70 | Date of Test 5-26-70 | Producing Method (Flow, pump, gas lift, etc.) Pump | |
| Length of Test 24 | Tubing Pressure N/A | Casing Pressure N/A | Choke Size N/A |
| Actual Prod. During Test | Oil - Bbls. 7 4 | Water - Bbls. 12 | Gas - MCF 5.0 |

GAS WELL

| | | | |
|------------------------------------|-----------------|-----------------------|-----------------------|
| Actual Prod. Test-MCF/D N/A | Length of Test | Bbls. Condensate/MMCF | Gravity of Condensate |
| Testing Method (pitot, back pr.) | Tubing Pressure | Casing Pressure | 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.

O. D. Butler **O. D. Butler**
(Signature) **Agent**
(Title)
June 1, 1970
(Date)

OIL CONSERVATION COMMISSION
JUN 29 1970
APPROVED _____, 19____
BY *[Signature]*
TITLE **SUPERVISOR DISTRICT**

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 Sections I, II, III, and VI only for changes of owner, well name or number, or transporter, or other such change of condition.