

DISTRIBUTION		
SANTA FE		
FILE		
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
 Supersedes Old C-104 and C-110
 Effective 1-1-65

Operator
Gulf Oil Corporation

Address
Box 670, Hobbs, New Mexico 88240

Reason(s) for filing (Check proper box) Other (Please explain)

New Well <input type="checkbox"/>	Change in Transporter of:	Change in oil transporter, effective February 28, 1973
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>	
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name Harry Leonard (NCT-E)	Well No. 5	Pool Name, including Formation Wantz Abo	Kind of Lease State, Federal or Fee Fee	Lease No.
Location Unit Letter H ; 2310 Feet From The North Line and 330 Feet From The East				
Line of Section 16 Township 21-S Range 37-E , 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"/> Texas-New Mexico Pipeline Co..	Address (Give address to which approved copy of this form is to be sent) Box 1510, Midland, Texas 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) Box 1589, Tulsa, Oklahoma XXXX 74100			
If well produces oil or liquids, give location of tanks.	Unit G	Sec. 16	Twp. 21-S	Rge. 37-E
Is gas actually connected?		When		
Yes		1-13-73		

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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
X								
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		

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	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 (pitot, 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.

K. J. Barzale
 (Signature)
 Area Engineer
 (Title)
 February 28, 1973
 (Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19____
 BY Joe D. Ramey
 Dist. I, 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 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 multiply completed wells.

SANITARY		
FILE		
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OFFICE		

**REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS**

Effective 1-1-73

I. Operator
Gulf Oil Corporation
Address
Box 670, Hobbs, New Mexico 88240

Reason(s) for filing (Check proper box)

New Well <input type="checkbox"/>	Change In Transporter of:	Oil <input type="checkbox"/>	Dry Gas <input type="checkbox"/>	Recompletion
Recompletion <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/>	Condensate <input type="checkbox"/>		
Change In Ownership <input type="checkbox"/>				

Other (Please explain)

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.**

II. DESCRIPTION OF WELL AND LEASE

Lease Name Harry Leonard (NCT-E)	Well No. 5	Pool Name, including Formation Wantz Abo	Kind of Lease State, Federal or Fee Fee	Lease No.
Location				
Unit Letter H	2310	Feet From The North	Line and 330	Feet From The East
Line of Section 16	Township 21-S	Range 37-E	, 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"/> The Permian Corporation	Address (Give address to which approved copy of this form is to be sent) Box 3119, Midland, Texas 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) Box 1589, Tulsa, Oklahoma 74100					
If well produces oil or liquids, give location of tanks.	Unit G	Sec. 16	Twp. 21-S	Rge. 37-E	is gas actually connected? Yes	When 1-13-73

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 checked="" type="checkbox"/>	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
X	X					X		
Date XXXXXX recompleted 1-10-73	Date Compl. Ready to Prod. 1-10-73	Total Depth 8220'	P.B.T.D. 7245'					
Elevations (DF, RKB, RT, GR, etc.) 3481' GL	Name of Producing Formation Abo	Top Oil XXXX Pay 6745'	Tubing Depth 6698'					
Perforations 6745 - 7229'	Depth Casing Shoe 7999'							

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17-1/4"	12-3/4"	268'	325 sacks (Circulated)
11"	8-5/8"	2799'	1100 sacks (Circulated)
7-7/8"	5-1/2"	7999'	131 sacks (TOC at 7540')
	2-7/8"	6698'	

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 1-10-73	Date of Test 1-13-73	Producing Method (Flow, pump, gas lift, etc.) Flow	
Length of Test 23 hours	Tubing Pressure 150#	Casing Pressure --	Choke Size 16/64"
Actual Prod. During Test 48 barrels	Oil - Bbls. 48	Water - Bbls. 0	Gas - MCF --

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, 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.

K. J. Brazzale
 Area Engineer (Signature)
 Area Engineer (Title)
 January 18, 1973 (Date)

OIL CONSERVATION COMMISSION

APPROVED *[Signature]* **JAN 22 1973**

BY *[Signature]*

TITLE **SUPERVISOR DISTRICT 1**

This form is to be filed in compliance with RULE 1103.
 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 change of well name or number, or transporter, or other such change of condition.
 Separate Forms C-104 must be filed for each pool in multiply completed wells.