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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

Address
 Box 670, Hobbs, N.M. 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 2-9-76
Recompletion <input type="checkbox"/>	Oil <input checked="" type="checkbox"/>	
Change in Ownership <input type="checkbox"/>	Dry Gas <input type="checkbox"/>	
	Casinghead Gas <input type="checkbox"/>	Condensate <input type="checkbox"/>

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

DESCRIPTION OF WELL AND LEASE

Lease Name Harry Leonard (NCT-C)	Well No. 15	Pool Name, including Formation Drinkard	Kind of Lease State, Federal or Fee State	Lease No. B-1732
Location Unit Letter <u>8/11</u> ; <u>1650</u> Feet From The <u>north</u> Line and <u>2013</u> Feet From The <u>east</u>				
Line of Section <u>36</u> Township <u>21S</u> Range <u>36E</u> , NMPM, <u>Lea</u> County				

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input 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, Okla. 74100
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When
	N 36 21S 36E Yes 11-10-75

If this production is commingled with that from any other lease or pool, give commingling order number: PC-512

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 (pitot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size

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.

D. F. Berlin
 (Signature)
 Area Engineer
 (Title)
 2-6-76
 (Date)

OIL CONSERVATION COMMISSION

APPROVED FL 2 1976, 19 _____

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.