

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 C-104
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: <input type="checkbox"/>
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"/>
Drilled deeper and completed in Drinkard	

If change of ownership give name and address of previous owner

Cancel allow. for Blinley

DESCRIPTION OF WELL AND LEASE

Lease Name Harry Leonard (NCT-C)	Well No. 13	Pool Name, including Formation Drinkard	Kind of Lease State, Federal or Fee State	Lease No. B-1732
Location Unit Letter <u>B</u> ; <u>510</u> Feet From The <u>North</u> Line and <u>1780</u> Feet From The <u>East</u> Line of Section <u>36</u> Township <u>21-S</u> Range <u>36-E</u> , NMPM, <u>Lea</u> County				

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 Company	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 74100					
If well produces oil or liquids, give location of tanks.	Unit N	Sec. 36	Twp. 21-S	Rge. 36-E	Is gas actually connected? Yes	When Unknown

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

COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input checked="" type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'v. <input type="checkbox"/>	Diff. Res'v. <input checked="" type="checkbox"/>
Date Spotted Recompleted 3-22-76	Date Compl. Ready to Prod. 3-22-76		Total Depth 6806'		P.B.T.D. 6764'			
Elevations (DF, RKB, RT, GR, etc.) 3505' GL	Name of Producing Formation Drinkard		Top Oil/Gas Pay 6588'		Tubing Depth 6440'			
Perforations 6588' to 5703'					Depth Casing Shoe 6806'			

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
11"	8-5/8"	1243'	400 sacks (Circulated)
7-7/8"	5-1/2"	5885'	640 sacks (TOC at 2050')
4-3/4"	4"	6806' w/ top at 5774'	75 sacks (Circulated)
	2-3/8"	6440'	

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 3-22-76	Date of Test 3-30-76	Producing Method (Flow, pump, gas lift, etc.) Flowing	
Length of Test 24 hours	Tubing Pressure 140#	Casing Pressure ---	Choke Size 32/64"
Actual Prod. During Test 157 barrels	Oil - Bbls. 78	Water - Bbls. 79	Gas - MCF ---

GAS WELL

Corrected Gravity 39.3

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

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.

OIL CONSERVATION COMMISSION

APPROVED APR 6 1976, 19
BY [Signature]
TITLE SUPERVISOR DISTRICT I

This form is to be filed in compliance with RULE 110A.

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.

C.R. Korzebura
(Signature)
Project Petroleum Engineer
(Title)
March 30, 1976
(Date)

RECEIVED

MAY 19 1976

CONFIDENTIAL COMM.