٠	S/ TAFE FI E G.S. D OFFICE	REQUES	CONSERVATION COMMISSION OT FOR ALLOWABLE AND RANSPORT OIL AND NATURAL	Form C-104 Supersedes Old C-104 and C-1 Effective 1-1-85 GAS		
1.	OPERATOR PRORATION OFFICE					
	Operator		CASINGHEAD GAS	MUSTENOT		
	Gulf Qil Corporation		FARED AFTER	2124		
	Modean		UNLESS AN EXCEP	UNLESS AN EXCEPTION TO R-4070		
	Reason(s) for filing (Check proper bo	iexico 88240	15 OBIAINED.	15 OBIAINED.		
	New Well	Change in Transporter of:	Other (Please explain)			
	Recompletion	Oil Dry C	Completed in Tul	bb 011		
	Change in Ownership		ensate			
	•					
	If change of ownership give name and address of previous owner	THIS WELL HAS BEEN PI	LACED IN THE POOL			
		DESIGNATED BELOW. IF	YOU DO NOT CONCUR			
II.	DESCRIPTION OF WELL AND					
		Well No. Pool Name, Including	Formation Kind of Leas	Lease No.		
	Harry Leonard (NCT-F)	7 Tubb 011	State, Federa	or Fee State B-1732		
		0001		, = = , = =		
	Unit Letter J; 4303 Feet From The South Line and 2317 Feet From The East					
	Line of Section 2 To	ownship 21-S Range	33 M			
	-	71-5 Hunde	37-E , NMPM,	Lea County		
III.	DESIGNATION OF TRANSPOR	TER OF OIL AND NATURAL G	AS .			
	Name of Authorized Transporter of Oi	or Condensate	Address (Give address to which appro	ved copy of this form is to be sent)		
	Western Crude Oil Co. Inc. Name of Authorized Transporter of Casinghead Gas X or Dry Gas		Box 1142, Midland, Tay	ee 70701		
			Address (Give address to which appro-	ved copy of this form is to be sent)		
	None - Waiting on commingling permit					
	If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. P.ge.	Is gas actually connected? Who	en		
		J 2 21-S 37-E	No			
IV.	COMPLETION DATA	ith that from any other lease or pool,	give commingling order number: N	0		
ſ		Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.		
[Designate Type of Completic	on – (X)				
	Date Spudded Recompleted	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.		
-	9-15-74	9-15-74	8700'	6609'		
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gog Pay	Tubing Depth		
}	3496 GL Perforations	Tubb	6387'	6590'		
- 1			· -	Depth Casing Shoe		
-	6387' to 6564'			8280		
H	HOLE SIZE		D CEMENTING RECORD			
}	17-1/2"	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT		
ŀ	12-1/4"	13-3/8"	300'	350 sacks (Circulated)		
-	8-3/4"	9-5/8"	2999 1	1657 sacks (TOC at 235')		
-	<u></u>	2-3/8"	8280'	700 sacks (TOC at 3750)		
V . 1	TEST DATA AND REQUEST FO		6590'	·		
(DIL WELL	able for this de	fter recovery of total volume of load oil a pth or be for full 24 hours)	ind must be equal to or exceed top allow-		
Ī	Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas life	, etc.)		
	9-15-74	10-2-74	Pump			
Γ	Length of Teet	Tubing Pressure	Casing Pressure	Choke Size		
	24 hours			2"		
	Actual Prod. During Test	Oil-Bble.	Water-Bbls.	Gae - MCF		
- 1	02 hawwala	1 (0	F	l l		

92 barrels 32 (Load water) **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.

BRanker	
(Signature)	
Area Engineer	

October 2, 1974 (Date)

(Title)

OIL CONSERVATION COMMISSION

APPROVED

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 transporten or other such change of condition.