

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

CO. OF COPIES REQUIRED	
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FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	
OIL	
NATURAL GAS	
OPERATOR	
PRODUCTION OFFICE	
Operator	

Gulf Oil Corporation

Address
P. O. Box 670, Hobbs, NM 88240

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)

DHC Tubb & Drinkard

If change of ownership give name
and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
Harry Leonard (NCT-F)	1	Drinkard	State, Federal or Fee State	
Location				
Unit Letter	R	1980 Feet From The	South Line and	1980 Feet From The
Line of Section	2	Township	21S	Range
			37E	NMPM, Lea County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
Shell Pipeline Corporation	Box 1910, Midland, TX 79701					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
Warren Petroleum Corporation	Box 1589, Tulsa, OK 74100					
Getty Oil	Box 1135, Eunice, NM 88231					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	0	2	21S	37E	Yes	12-31-74

If this production is commingled with that from any other lease or pool, give commingling order number: PC-489

COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
XX								
Date XXXXXX	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.		
9-16-81	9-29-81					6590'		
Elevations (DF, RAB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay			Tubing Depth		
8350'	Drinkard		6332'			6785'		
Perforations				Depth Casing Shoe				
6332'-8250'								

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
No New Casing			

TEST DATA AND REQUEST FOR ALLOWABLE (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.)	
9-29-81	9-29-81	Pump	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24 hrs	30#	30#	2" W.O.
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF
13	13	0	24

GAS WELL

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 Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

R. D. Pite

Area Engineer
(Title)

10-16-81

(Date)

OIL CONSERVATION DIVISION

APPROVED OCT 21 1981, 19

BY Orig. Signed by
Les Clements

TITLE Oil & Gas Insp.

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.

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501Form C-103
Revised 10-1-73

NO. OF COPIES RECEIVED	
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LAND OFFICE	
OPERATOR	

5a. Indicate Type of Lease	
State <input checked="" type="checkbox"/>	Fee <input type="checkbox"/>
5. State Oil & Gas Lease No.	

SUNDRY NOTICES AND REPORTS ON WELLS
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR.
USE "APPLICATION FOR PERMIT -" (FORM C-101) FOR SUCH PROPOSALS.)

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	7. Unit Agreement Name
2. Name of Operator Gulf Oil Corporation	8. Farm or Lease Name Harry Leonard (NCT-F)
3. Address of Operator P. O. Box 670, Hobbs, NM 88240	9. Well No. 1
4. Location of Well UNIT LETTER <u>R</u> , <u>1980</u> FEET FROM THE <u>South</u> LINE AND <u>1980</u> FEET FROM THE <u>East</u> LINE, SECTION <u>2</u> TOWNSHIP <u>21S</u> RANGE <u>37E</u> NMPM.	10. Field and Pool, or Wildcat Tubb & Drinkard
15. Elevation (Show whether DF, RT, GR, etc.) 3492' DF	12. County Lea

16. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data	
NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	CASING TEST AND CEMENT JOBS <input type="checkbox"/>
OTHER <input type="checkbox"/>	OTHER <u>Downhole Commingle per DHC-341</u> <input checked="" type="checkbox"/>
PLUG AND ABANDON <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
CHANGE PLANS <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>

17. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

POH with production equipment. Clean out. Knock CIBP at 6600' and pushed to 7000'.
GIH with 2-7/8" tubing and set at 6785'. Ran rods and pump. Hung well on.
Before DHC, Tubb pumped 7 BO, 0 BW w/36 MCF, Drinkard TA; after DHC, pumped 13 BO,
0 BW w/24 MCF. Complete after DHC 9-29-81.

18. I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNED R. P. P. [Signature] TITLE Area Engineer DATE 10-14-81APPROVED BY Orig. Signed by
Les Clements
Oil & Gas Insp. TITLE _____ DATE OCT 14 1981

CONDITIONS OF APPROVAL, IF ANY:

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

Form C-103
Revised 10-1-78

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.O.S.	
LAND OFFICE	
OPERATOR	

5a. Indicate Type of Lease
State <input checked="" type="checkbox"/> Fee <input type="checkbox"/>
5. State Oil & Gas Lease No.

SUNDRY NOTICES AND REPORTS ON WELLS

(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT -" (FORM C-101) FOR SUCH PROPOSALS.)

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	7. Unit Agreement Name
2. Name of Operator Gulf Oil Corporation	8. Farm or Lease Name Harry Leonard (NCT-F)
3. Address of Operator P. O. Box 670, Hobbs, NM 88240	9. Well No. 1
4. Location of Well UNIT LETTER <u>R</u> , <u>1980</u> FEET FROM THE <u>South</u> LINE AND <u>1980</u> FEET FROM THE <u>East</u> LINE, SECTION <u>2</u> TOWNSHIP <u>21S</u> RANGE <u>37E</u> NMPM.	10. Field and Pool, or WHdeat Tubb & Drinkard
15. Elevation (Show whether DF, RT, or, etc.)	12. County Lea

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input checked="" type="checkbox"/> Downhole Commingle per DHC-341	CASING TEST AND CEMENT JOBS <input type="checkbox"/>	

17. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

POH with production equipment. GIH with drill bailer and attempt to knock CIBP at 6590' to 6790'; drill cement and CIBP at 6590'. GIH with tubing, SN at 6770'. Rerun rods and pump. Hang well on. Obtain stabilized GOR.

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNED R. D. P. Ste TITLE Area Engineer DATE 8-7-81

APPROVED BY [Signature] TITLE [Blank] DATE 8-10-81
COPIES OF APPROVAL, IF ANY: [Blank]

NO. OF COPIES RECEIVED		
DISTRIBUTION		
SANTA FE		
FILE		
U.S.G.S.		
LAND OFFICE		
OPERATOR		

NEW MEXICO OIL CONSERVATION COMMISSION

Form C-103
Supersedes Old
C-102 and C-103
Effective 1-1-65

5a. Indicate Type of Lease State <input checked="" type="checkbox"/> Fee <input type="checkbox"/>
5. State Oil & Gas Lease No. B-1732
7. Unit Agreement Name
8. Term or Lease Name Harry Leonard (NCT-F)
9. Well No. 1
10. Field and Pool, or Wildcat Tubb Oil
12. County Lea

SUNDRY NOTICES AND REPORTS ON WELLS
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO OPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT -" (FORM C-101) FOR SUCH PROPOSALS.)

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER- <input type="checkbox"/>
2. Name of Operator Gulf Oil Corporation
3. Address of Operator Box 670, Hobbs, New Mexico 88240
4. Location of Well UNIT LETTER <u>R</u> <u>1980</u> FEET FROM THE <u>South</u> LINE AND <u>1980</u> FEET FROM THE <u>East</u> LINE, SECTION <u>2</u> TOWNSHIP <u>21-S</u> RANGE <u>37-E</u> N.M.P.M.
15. Elevation (Show whether DF, RT, GR, etc.) 3492' GL

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:

PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input type="checkbox"/>	
OTHER <u>Acidized</u>			

17. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

6590' PB.

Pumped 1000 gallons of 15% NE acid down 7" casing over Tubb perforations 6332' to 6540'. Flushed with 50 barrels of water. Returned well to production.

18. I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNED <u>D.F. Berlin</u>	TITLE <u>Area Engineer</u>	DATE <u>October 14, 1975</u>
APPROVED BY <u>[Signature]</u>	TITLE <u></u>	DATE <u></u>
CONDITIONS OF APPROVAL, IF ANY		

DISTRIBUTION			
SA	TA	FE	
FILE			
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-111
Effective 1-1-65

I. Operator
Gulf Oil Corporation
Address
Box 670, Hobbs, New Mexico 88240
Reason(s) for filing (Check proper box)
New Well ☐ Change in Transporter of: Oil ☐ Dry Gas ☐
Recompletion ☐ Casinghead Gas ☐ Condensate ☐
Change in Ownership ☐
Other (Please explain)
Abandoned Drinkard and completed in Tubb Oil.

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-F)	Well No. 1	Pool Name, including Formation Tubb Oil R-4969	Kind of Lease State, Federal or Fee State	Lease No. B-1732
Location Unit Letter R ; 1980 Feet From The South Line and 1980 Feet From The East Line of Section 2 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"/> Shell Pipe Line Corporation	Address (Give address to which approved copy of this form is to be sent) Box 1910, 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			
Skelly Oil Co. If well produces oil or liquids, give location of tanks.	Unit 0	Sec. 2	Twp. 21-S	Rge. 37-E
Is unit actually connected? Yes		When December 31, 1974		

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

PC-489

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.
Date Spaced Recompleted 12-31-74	Date Compl. Ready to Prod. 12-31-74	Total Depth 8350'	P.B.T.D. 6590'					
Elevations (DF, RKB, RT, GR, etc.) 3492' GL	Name of Producing Formation Tubb	Top Oil/XX Pay 6332'	Tubing Depth 6525'					
Perforations 6332' to 6540'			Depth Casing Shoe 8350'					
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
19-1/2"	16"	253'	300 sacks (Circulated)					
13-3/4"	10-3/4"	2904'	1600 sacks (TOC at 205')					
8-3/4"	7"	8350'	800 sacks (TOC at 3665')					
	2-7/8"	6533'						

V. TEST DATA AND REQUEST FOR ALLOWABLE (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 12-31-74	Date of Test 12-31-74	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 hours	Tubing Pressure --	Casing Pressure --	Choke Size 2"
Actual Prod. During Test 56 barrels	Oil - Bbls. 40 (Corrected Gvty 40.8)	Water - Bbls. 16	Gas - MCF --

GAS WELL

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

Area Engineer

January 2, 1975

OIL CONSERVATION COMMISSION

APPROVED

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.