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FILE			
U.S.G.S.			
LAND OFFICE			
TRANSPORTER	OIL		
[HANSFORTER	GAS		
OPERATOR			i

-	SANTA FE			NEW	REQUEST I			31014	-	C-104 and C-110
	FILE					AND			Effective 1-1-6	3
ļ	U.S.G.S.			AUTHORIZA	TION TO TRA	NSPORT	OIL AND NA	ATURAL GA	. S	
-	LAND OFFICE	OIL	+							
	TRANSPORTER	GAS								
	OPERATOR									
ı.	PRORATION OFF	FICE	1 1							
	Gulf Oil Cor	porat	ion							
Ī	Address Box 670, Hob	ho N	Iou Movi	tco 88240						į
	Reason(s) for filing			00240			Other (Please e			
	New Well			Change in Trans					nsporter, effe	ective
1	Recompletion			Oil	Dry Gas		September	1, 19/2		
į	Change in Ownershi	P		Casinghead Gas	Conden	sale				
	If change of owners	ship giv	e name							
	and address of pre-	Vious o	wiler							
и.	DESCRIPTION O	F WEI	LL AND I	Well No. Pool	Name, Including Fo	ormation		(ind of Lease		Lease No.
	Lease Name Harry Leonar	d (NO	CT-E)	2	Blinebry			State, Federal	or Fee State	B-1732
	Location									
	Unit Letter	I	_; <u>198</u> 6	Feet From The	North Lin	• and6	60	Feet From T	ne East	
		16	Tow	mship 21-S	Range	37-E	, NMPM,		Lea	County
	Line of Section		10w	nsmp 21 5		. ~. ~				
111.	DESIGNATION C	of TRA	ANSPORT	ER OF OIL AND	NATURAL GA	S Address	(Give address to	which approve	ed copy of this form is	to be sent)
	Name of Authorized	Transp	orter of Oil	or Conden.	sate	Add: ess	.510 <u>, Midla</u>			
	Texas-New Me	EX1CO	P1pell: orter of Cas	ne Company inghead Gas X	r Dry Gas	Address	(Give address to	which approv	ed copy of this form is	to be sent)
	Warren Petro					Box 1	.589, Tulsa	oklaho	ma 74100	
	If well produces oil			Unit Sec.	Twp. P.ge.		ctually connected	1		
	give location of tan	ıks.		H 16	21S; 37-E	Yes			nknown	
			ningled wit	h that from any oth	er lease or pool,	give com	mingling order	number:		
17.	COMPLETION I		C lette	Oil We	ll Gas Well	New Wel	Workover	Deepen	Plug Back Same Re	s'v. Diff. Res'v.
	Designate Ty	pe of	Completio		to Bred	Total De	enth	<u></u>	P.B.T.D.	i
	Date Spudded			Date Compl. Ready	to Prou.	10,412	· · · · ·			1
	Elevations (DF, RF	KB. RT.	GR, etc.;	Name of Producing	Formation	Top Oil,	/Gas Pay		Tubing Depth	
						<u> </u>			Depth Casing Shoe	
	Perforations									
				TUBII	NG, CASING, AN	DCEMEN	ITING RECOR)		
	HOLE	E SIZE			UBING SIZE		DEPTH SE		SACKS CE	MENT
							······································			
			· · · · ·							
V.	TEST DATA AN	ND REC	QUEST F	OR ALLOWABLE	(Test must be d	after recou	ery of total volum for full 24 hours	ne of load oil (and must be equal to or	exceed top allow-
	OIL WELL Date First New Of			Date of Test	dote for this d	Produci	ng Method (Flow	, pump, gas lij	t, etc.)	
	Date First New OI	1 Mull 10	, ,						T. 61	
	Length of Test			Tubing Pressure		Casing	Pressure		Choke Size	
				Oil-Bbls.		Water - E	Bbls.		Gas-MCF	
	Actual Prod. Durin	ig Test		On Buil.						
	GAS WELL	_				D\1= C	ondensate/MMC		Gravity of Condensa	t•
	Actual Prod. Test	- MCF/I)	Length of Test		BD16. C	Other teachers			
	Testing Method (p	itot, bac	k pr.)	Tubing Pressure (Shut-in)	Casing	Pressure (Shut	-in)	Choke Size	
									TION COMMISSION	
VI	CERTIFICATE OF COMPLIANCE					OIL (SEF	TION COMMISSING	ON	
					APP	ROVED	JET		_, 19	
	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.			Orig. Signed by						
				Dist. I, Supv.						
						11	.E			
	201,1/14				III .			compliance with RU	illad or deepener	
	to J. Jalling							wable for a newly drained by a tabulation		
	Area Engineer (Signature)				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 allow					
	(Title)				able	on new and fe	COMBIGIAG A	A11=:		
	August 31,	August 31, 1972						C-salama T	II, III, and VI for cherter, or other such che	hanges of owner ange of condition
		(Date)					Separate Form	a C-194 mu	et be filed for each	; pool in multipl
						* 1	4 4 4 4			

Trans			_	
NO. OF COPIES RECEIVED				
DISTRIBUTION				
SANTA FE				
FILE				
U.S.G.S.				
LAND OFFICE	<u></u>	L		
IRANSPORTER	OIL			
TRANSPORTER	GAS	<u> </u>		
OPERATOR				
DOORATION OFFICE			1	

Area Engineer

August 31, 1972

(Title)

(Date)

+	SANTA FE		NSERVATION COMMISSION	Form C-104 Supersedes Old C-104 and C-110	
-	FILE		OR ALLOWABLE AND	Effective 1-1-65	
-	U.S.G.S.		ISPORT OIL AND NATURAL (345	
-	LAND OFFICE	AUTHORIZATION TO TRAIN	ON ONE AND WATCHALL	<i>3</i> .13	
H	OIL				
	IRANSPORTER GAS				
	OPERATOR				
	PRORATION OFFICE				
•	Operator				
	Gulf Oil Corporation				
	Address				
	Box 670, Hobbs, New Mex	cico 88240	Other (Please explain)		
	Reason(s) for filing (Check proper box)	_		66	
	New We!l	Change in Transporter of: Oil Dry Gas		ransporter, effective	
	Recompletion	Oil Dry Gas Casinghead Gas Condens	September 1, 19	12	
	Change in Ownership	Custinghed Gas			
	If change of ownership give name				
	and address of previous owner				
**	DESCRIPTION OF WELL AND I	FASE			
MA.	Lease Name	Well No. Pool Name, Including For			
	Harry Leonard (NCT-E)	2 Drinkard	State, Federa	olor Fee State B-1732	
	Location		660	Fact	
	Unit Letter 1980	Feet From The North Line	and 660 Feet From	The East	
		21.0	7	Lea County	
	Line of Section 16 Tov	vnship 21-S Range 3	7-Е , ммрм,	nea county	
		CAS	,		
III.	DESIGNATION OF TRANSPORT	TER OF OIL AND NATURAL GAS XX or Condensate	Address (Give address to which appro	oved copy of this form is to be sent)	
	Name of Authorized Transporter of Oil Texas-New Mexico Pipel		Box 1510, Midland, Te		
	Name of Authorized Transporter of Cas		Address (Give address to which appro	oved copy of this form is to be sent)	
	Warren Petroleum Corpo	ration	Box 1589, Tulsa, Okla	homa 74100	
		Unit Sec. Twp. P.ge.		hen	
	If well produces oil or liquids, give location of tanks.	н 16 21-5 37-Е	Yes	Unknown	
		it it at from one other lease or pool of	give commingling order number:		
117		th that from any other lease or pool, g		Detail Diff Books	
1 V .	COMPLETION DATA	Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.	
	Designate Type of Completion			10000	
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.	
				Tubing Depth	
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	tubing Deptin	
				Depth Casing Shoe	
	Perforations				
		TURING CASING AND	CEMENTING RECORD		
		CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
	HOLE SIZE	CASING & TUBING SIZE			
٠.	. TEST DATA AND REQUEST F	OR ALLOWABLE (Test must be a)	fter recovery of total volume of load o	il and must be equal to or exceed top allow	
V	OIL WELL	able for this de	pth or be for full 24 hours) Producing Method (Flow, pump, gas		
	Date First New Oil Run To Tanks	Date of Test	Producing Method (From, pamp, gos	·,,, ·····	
			Casing Pressure	Choke Size	
	Length of Test	Tubing Pressure	Cashid Liessma		
			Water - Bbls.	Gas-MCF	
	Actual Prod. During Test	Oil-Bbls.			
			1		
	GAS WELL Actual Prod. Test-MCF/D	Length of Test	Bbis. Condensate/MMCF	Gravity of Condensate	
	Actual Prod. 1 dat - Mo. 7 D				
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size	
	, adding manner (principle)				
	. CERTIFICATE OF COMPLIAN	ICE	OIL CONSER!	VATION COMMISSION	
V	. CERTIFICATE OF COMPLIAN		SFP.	1 1972	
	I harabu agreifu that the oides and	regulations of the Oil Conservation	APPROVED	Orig. Signed by	
	Commission have been complied	with and that the information given	BY	Joe D. Ramey	
	above is true and complete to the	ne best of my knowledge and belief.	11 0	Dist. I, Supv.	
			TITLE		
	120	/ / /	This form is to be filed i	in compliance with RULE 1104.	
	マイナ アナデ	Iter -	II		
	1 /Sia	nature)	well, this form must be accome tests taken on the well in ac	npanied by a tabulation of the deviation	
	/ (51)		II tests taken on the warr my ac-		

well, this form must be accompanied by a tabulation of tests taken on the well in accordance with MULE 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 appointed wells.