

DISTRIBUTION		
SA TAFE		
FILE		
G.S.		
FIELD 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 1-1-85

Operator <u>Gulf Oil Corporation</u>	
Address <u>Box 670, Hobbs, New Mexico 88240</u>	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input type="checkbox"/>	Gas is connected to Warren's system but run to El Paso Natural Gas Co account
Recompletion <input type="checkbox"/>	
Change in Ownership <input type="checkbox"/>	
Change in Transporter of:	
Oil <input type="checkbox"/>	
Casinghead Gas <input type="checkbox"/>	
Dry Gas <input type="checkbox"/>	
Condensate <input type="checkbox"/>	

If change of ownership give name  
and address of previous owner \_\_\_\_\_

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>Harry Leonard (NCT-E)</u>	Well No. <u>5</u>	Pool Name, including Formation <u>Drinkard</u>	Kind of Lease State, Federal or Fee	State <u>State</u>	Lease No. <u>B-1732</u>
Location					
Unit Letter <u>H</u>	<u>2310</u>	Feet From The <u>North</u>	Line and <u>330</u>	Feet From The <u>East</u>	
Line of Section <u>16</u>	Township <u>21-S</u>	Range <u>37-E</u>	, NMPM,	<u>Lea</u>	County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
<u>Texas-New Mexico Pipeline Co.</u>	<u>Box 1510, Midland, Texas 79701</u>					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
<u>Warren Petroleum Corporation</u>	<u>Box 1589, Tulsa, Oklahoma 74100</u>					
If well produces oil or liquids, give location of tanks.	Unit <u>G</u>	Sec. <u>16</u>	Twp. <u>21-S</u>	Rge. <u>37-E</u>	Is gas actually connected? <u>Yes</u>	When <u>January 7, 1975</u>

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

IV. 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		

V. 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

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.

B. J. Barba  
(Signature)  
Area Engineer  
(Title)  
January 8, 1975  
(Date)

OIL CONSERVATION COMMISSION

APPROVED JAN 9 1975, 19\_\_\_\_\_  
BY Joe D. [unclear]  
TITLE Dist. [unclear]

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.

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	GAS		
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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

I. OPERATOR

Operator **Gulf Oil Corporation**

Address **Box 670, Hobbs, New Mexico 88240**

Reason(s) for filing (Check proper box)

New Well	<input type="checkbox"/>	Change in Transporter of:	
Recompletion	<input type="checkbox"/>	Oil	<input type="checkbox"/>
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>
		Dry Gas	<input type="checkbox"/>
		Condensate	<input type="checkbox"/>

Other (Please explain) **Abandoned Wantz Abo & Comp. in Drinkard. Gas will be connected to Warren's system but run to El Paso Natural Gas Co. Acct.**

If change of ownership give name and address of previous owner \_\_\_\_\_

**CASINGHEAD GAS MUST NOT BE  
FLARED AFTER 1/21/75  
UNLESS AN EXCEPTION TO R-4070  
IS OBTAINED.**

II. DESCRIPTION OF WELL AND LEASE

Lease Name <b>Harry Leonard (NCT-E)</b>	Well No. <b>5</b>	Pool Name, including Formation <b>(Drinkard)</b>	Kind of Lease State, Federal or Fee <b>State</b>	Lease No. <b>B-1732</b>
Location Unit Letter <b>H</b> ; <b>2310</b> Feet From The <b>North</b> Line and <b>330</b> Feet From The <b>East</b> Line of Section <b>16</b> Township <b>21-S</b> Range <b>37-E</b> , NMPM, <b>Lea</b> 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"/> <b>Texas-New Mexico Pipeline Co.</b>	Address (Give address to which approved copy of this form is to be sent) <b>Box 1510, Midland, Texas 79701</b>
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> <b>Warren Petroleum Corporation</b>	Address (Give address to which approved copy of this form is to be sent) <b>Box 1589, Tulsa, Oklahoma 74100</b>
If well produces oil or liquids, give location of tanks.	Unit <b>G</b> Sec. <b>16</b> Twp. <b>21-S</b> Rge. <b>37-E</b> Is gas actually connected? <b>No</b> When _____

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

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 <del>Recom</del> Recompleted <b>11-21-74</b>	Date Compl. Ready to Prod. <b>11-21-74</b>	Total Depth <b>8220</b>	P.B.T.D. <b>6707'</b>					
Elevations (DF, RKB, RT, GR, etc.) <b>3481' GL</b>	Name of Producing Formation <b>Drinkard</b>	Top Oil/Gas Pay <b>6484'</b>	Tubing Depth <b>6415'</b>					
Perforations <b>6484' to 6663'</b>			Depth Casing Shoe <b>7999'</b>					
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
<b>17-1/4"</b>	<b>12-3/4"</b>	<b>268'</b>	<b>325 sacks (Circulated)</b>					
<b>11"</b>	<b>8-5/8"</b>	<b>2799'</b>	<b>1100 sacks (Circulated)</b>					
<b>7-7/8"</b>	<b>5-1/2"</b>	<b>7999'</b>	<b>131 sacks (TOC at 7540')</b>					
	<b>2-7/8"</b>	<b>6415'</b>						

V. 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)

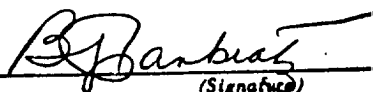
Date First New Oil Run To Tanks <b>11-21-74</b>	Date of Test <b>11-25-74</b>	Producing Method (Flow, pump, gas lift, etc.) <b>Flow</b>	
Length of Test <b>24 hours</b>	Tubing Pressure <b>600#</b>	Casing Pressure <b>--</b>	Choke Size <b>20/64"</b>
Actual Prod. During Test <b>44</b>	Oil - Bbls. <b>42</b>	Water - Bbls. <b>2</b>	Gas - MCF <b>1168</b>

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.

  
(Signature)

**Area Engineer**

(Title)

**November 27, 1974**

(Date)

OIL CONSERVATION COMMISSION

APPROVED \_\_\_\_\_, 19 \_\_\_\_\_

BY \_\_\_\_\_

TITLE \_\_\_\_\_

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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.

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