* ** ** ** ** ** ** ** ** ** ** ** ** *	originate de la companya de la comp					
DISTRIBUTION	1	DISERVATION COMMISSION	form .			
SANTA FE	. REQUEST F	FOR ALLOWABLE	Supersedes Old C-104 and C-1 Effective 1-1-65			
FILE	ALITHODIZATION TO TRAN	AND NSPORT OIL AND NATURAL	CAS			
U.S.G.S.	AUTHORIZATION TO TRAF	NSPORT UIL AND NATURAL	GAS			
OIL	1					
TRANSPORTER GAS	-					
OPERATOR						
PRORATION OFFICE						
Operator						
Gulf Oil Corporation Address						
Box 670, Hobbs, New Reason(s) for filing (Check proper box	Mexico 88240	Other (Please explain)				
New Well	Change in Transporter of:		L tr ansporter, effective			
Recompletion	OII Dry Gas					
Change in Ownership	Casinghead Gas Condens					
If change of ownership give name and address of previous owner						
ESCRIPTION OF WELL AND LEASE  Well No. Pool Name, Including Formation ( ) Kind of Lease Lease No.						
Lease Name		State, Fede	ral or Fee			
Harry Leonard (NCT-E)	5 Wantz Abo		Fee			
Location H 231	Teet From The North Line	e and 330 Feet From	<sub>n The</sub> East			
Unit Letter H; 231	Feet From The HOTEH Line	e and reet rion	in The			
Line of Section 16 To	waship 21-S Range 37	7-R , NMPM,	Lea County			
Line of Section 20						
DESIGNATION OF TRANSPOR	TER OF OIL AND NATURAL GA	S				
Name of Authorized Transporter of Of	or Condensate	Address force address to anich opp	roved copy of this form is to be sent)			
Texas-New Mexico Pipe	line Co	Box 1510, Midland, Te	exas 79701 roved copy of this form is to be sent)			
Warren Petroleum Corp		Box 1589, Tulsa, Oklassias gas actually connected?	ahoma XXXXX 74100			
If well produces oil or liquids,	Unit Sec. Twp. Rge.	1				
give location of tanks.	G 16 21-S 37-E		1-13-73			
If this production is commingled w	ith that from any other lease or pool,	give commingling order number:				
COMPLETION DATA	Oil Well Gas Well	New Well Workover Deepen	Plug Back   Same Res'v. Diff. Res'			
Designate Type of Complet	on – (X)					
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			
			Depth Casing Shoe			
Perforations			Depth Cusing Silve			
TUBING, CASING, AND CEMENTING RECORD						
		DEPTH SET	SACKS CEMENT			
HOLE SIZE	CASING & TUBING SIZE	DEFINACI				
The same provinces in	COD AT LOWART E (Test must be a	feer recovery of total volume of load of	oil and must be equal to or exceed top all			
TEST DATA AND REQUEST FOR ALLOWABLE  (Test must be after recovery of total volume of load oil and must be equal to or exce able for this depth or be for full 24 hours)						
Oil, WELL 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			
			Gas - MCF			
Actual Prod. During Test	Oil-Bbls.	Water - Bbls.	G46 - 10/0F			
		<u> </u>				
GAS WELL		Bbls. Condensate/MMCF	Gravity of Condensate			
Actual Prod. Test-MCF/D	Length of Test	Bute. Colingia and Minicipal				
	muhima Danasana ( ahan 4 - h	Casing Pressure (Shut-in)	Choke Size			
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	, , , , , , , , , , , , , , , , , , , ,				
		OU CONSER	VATION COMMISSION			
CERTIFICATE OF COMPLIA	NCE	11				
			gned by			
I hereby certify that the rules and	regulations of the Oil Conservation with and that the information given	APPROVED Orig. Si	aned by			
I hereby certify that the rules and regulations of the off control of		100 D.	Kamer			
above is true and complete to t	be pest of my knowledge and perior.	BY loe D. Ramey Dist. I. Sunv				

Maioale (Stephiwe)

(Title)

(Date)

Area Engineer

February 28, 1973

\_, 19 \_\_

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.

	. <i>O</i>		, and					
	SANTAFE	j	REQUEST	FOR ALLOWABLE	i de la companione de l			
	FILE	AND Enecuvo :os			Enecave ;-,-os			
	U.S.G.S.	AU	THORIZATION TO TRA	ANSPORT OIL AND NATUR.	AL GAS			
	TRANSPORTER GAS	1						
	OPERATOR	]						
I.	PRORATION OFFICE							
	Gulf Oil Corporation				•			
	Address							
	Box 670, Hobbs, New Mexico 88240							
	Reason(s) for filing (Check proper box			Other (Please explain)				
	New We!l Recompletion	Oil	ge in Transporter of:  Dry Go	Recompletion				
	Change in Ownership		ghead Gas Conder	· · · · · · · · · · · · · · · · · · ·				
	f change of ownership give name							
	If change of ownership give name  THIS WELL HAS BEEN PLACED IN THE POOL  DESIGNATED BLOW. IF YOU DO NOT CONCUR							
45	NOTICY CHIS A-HICE							
AE.	DESCRIPTION OF WELL AND LEASE    Lease Name							
	Harry Leonard (NCT-E)	5	Wantz Abo	State, Fe	ederal or Fee Fee			
	Location							
	Unit Letter H ; 2310 Feet From The North Line and 330 Feet From The East							
	Line of Section 16 Township 21-S Range 37-E , NMPM, Lea County							
	10		4175	<i>M.L. M.</i>	Bed			
III.	DESIGNATION OF TRANSPORT		OIL AND NATURAL GA	Address (Cine office and the	approved conv. of this for-			
	Name of Authorized Transporter of Oil The Permian Corporati		or Condensate	Address (Give address to which approved copy of this form is to be sent)  Box 3119, Midland, Texas 79701				
	Name of Authorized Transporter of Casinghead Gas X or Dry Gas			Address (Give address to which approved copy of this form is to be sent)				
	Warren Petroleum Corporation		Box 1589, Tulsa, Oklahoma 74100					
	If well produces oil or liquids,	'	Sec. Twp. Rge.	is gas actually connected?	When			
	give location of tanks.	¦ G ¦	16 21-S; 37-E	Yes	1-13-73			
IV	If this production is commingled with COMPLETION DATA	th that from	any other lease or pool,	give commingling order number:				
	Oil Well Gas Well New Well Workover Deepen Plug Back Same Ros'v. Dift. Ros'v.							
	Designate Type of Completion - (X)		1	X				
	DateXXXXXXX recompleted	i	ol. Ready to Prod. -10-73	Total Depth 8220 *	P.B.T.D. 7245'			
	1-10-73 Elevations (DF, RKB, RT, GR, etc.)	l	roducing Formation	Top OLXXX Pay	Tubing Depth			
	3481' GL		Abo	6745'	6698'			
	Perforations			Depth Casing Shoe				
	6745 - 7229'		WINDLES CACIND AND	CENTRE DECOD	7999'			
	HOLE SIZE	TUBING, CASING, AND		DEPTH SET	SACKS CEMENT			
	17-1/4"		12-3/4"	268'	325 sacks (Circulated)			
	11"		8-5/8"	2799 <b>'</b>	1100 sacks (Circulated)			
	7-7/8"	<u> </u>	5-1/2"	7999'	131 sacks (TOC at 7540)			
		D 47 7 0	2-7/8"	66981	i			
٧.	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			Producing Method (Flow, pump, gas lift, etc.)				
	1-10-73	1-13-73 Tubing Pressure		Flow Casing Pressure	Choky Size			
	Length of Test			Control biograms	16/64"			
	23 hours Actual Prod. During Test	Oil-Bbls.	<u>U#</u>	Water - Bbls.	Gas-MCF			
	48 barrels	48		0				
	GAS WELL Actual Prod. Test-MCF/D	Length of Test		Bblu. Condensate/MMCF	Gravity of Condensate			
	Votragt Lind' (Bet-WOLVD)	_5	1					
	Testing Method (pitot, back pr.)	Tubing Pre	esure (Shut-ia)	Casing Pressure (Shut-in)	Choke Size			
i								
VI.	CERTIFICATE OF COMPLIANC	CE		QIL CONSER	RVATION COMMISSION			
				APPROVED AND 10				
	I hereby certify that the rules and regulations of the Oil Conservation Commission have been compiled with and that the information given			20	Hand /			
above is true and complete to the best of my knowledge and belief.			ny knowledge and belief.	SA CITEDIDATIONS CACATIONS I				
				TITLE SUPER	AIDOLNI HOTTING T			
				in compliance with RULE 1905.				
	7. J. Buozeale Dignature)			If this is a request for	allowable for a newly drilled or despende			
				well, this form must be accompanied by a tabulation of the deviation toots taken on the well in accordance with RULE 111.				
	Area Engineer (Tit	le)		All sections of this form	n must be filled out completely for allow-			
	January 18, 1973	••/		able on new and recomplete Fill out only Sections	I. H. III. and VI for change of control			
(Date)				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.