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	DISTRIBUTION					
	SANTA FE					
	FILE					
	U.S.G.S.					
	LAND OFFICE					
	TRANSPORTER	OIL				
		GAS				
	OPERATOR					
1.	PRORATION OFFICE					
	Operator					
	Gulf Oil Corporation					
	Address					
	Box 670, Hobbs, NEW N					
	Reason(s) for filing (Check proper bo					
	New Well					
	Recompletion					
	Change in Ownership					
	If change of ownership give name and address of previous owner					
	DESCRIPTION OF WELL AND					

III.

IV.

	DISTRIBUTION SANTA FE FILE U.S.G.S. LAND OFFICE IRANSPORTER OIL GAS OPERATOR	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 1-1-65						
1.	PRORATION OFFICE Operator Gulf Oil Corporation Address							
	Box 670, Hobbs, NEW Mexico 88240 Reason(s) for filing (Check proper box) New We!l Change in Transporter of: Recompletion Oil Dry Gas Change in Ownership Casinghead Gas Condensate If change of ownership give name							
	and address of previous owner DESCRIPTION OF WELL AND I	LEASE						
	Lease Name Harry Leonard (NCT-C)	Well No. Pool Name, Including Fo		Lease No. B=1732				
	Unit Letter A ; 660 Feet From The North Line and 410 Feet From The East							
	Line of Section 36 Tow	mship 21-S Range	36-Е , ммрм, Lea	County				
III.	DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil 🕱 or Condensate The Permian Corporation Name of Authorized Transporter of Casinghead Gas 🛣 or Dry Gas Address (Give address to which approved copy of this form is to							
	Warren Petroleum Corpo	ration Unit Sec. Twp. Rge.	Box 1589, Tulsa, Oklahoma 74100 Twp. Rge. Is gas actually connected? When					
,	If well produces oil or liquids, give location of tanks.	N 36 21-S 36-E	<u> </u>	August 20, 1971				
	If this production is commingled wit COMPLETION DATA	h that from any other lease or pool,		Plug Back Same Res'v. Diff. Res'v.				
	Designate Type of Completio	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	rforations Depth Casing Shoe						
			CEMENTING RECORD	SACKS CEMENT				
	HOLE SIZE	CASING & TUBING SIZE	OLV III OLV					
v.	V. TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to able 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-Bble.	Water-Bbis.	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		rep 1	1972 , 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.		BY Orig	B. Signed by D. Ramey				
	See So		This form is to be filed in compliance with RULE 1104. If this is a request for allowable for a newly drilled or deepened					

(Signature)

(Title)

(Date)

Petroleum Engineer

February 9, 1972

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. Senarate Forms C-104 must be filed for each pool in multiply

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