	NO. OF COPIES RECEIVED								
	DISTRIBUTION								
	SANTA FE								
	FILE								
	u.s.g.s.								
	LAND OFFICE								
	TRANSPORTER	OIL							
	TRANSI SITTER	GAS							
1.	OPERATOR								
	PRORATION OF								

ORIGINAL SIGNED BY

C. D. BORLAND

Area Production Manager

July 21, 1971

(Signature)

(Title)

(Date)

NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE AND

Form C-104 Supersedes Old C-104 and C-110 Effective 1-1-65

LAND OFFICE	1-1	Aothe	KIZATION TO TRA	ANSFOR I	OIL AND I	NATURAL G	AS	
TRANSPORTER OIL								
GAS	 							
OPERATOR	 	1						
PRORATION OFFICE Operator								
Gulf Oil Corpera	ki en							
Address								
Box 670, Hebbs,)					
Reason(s) for filing (Check)	proper box,		Tegranatas of		Other (Please			
Recompletion		Change in Transporter of: Oil Dry Ga			s Garagest for 1000 barrel testing of for July, 1971.			
Change in Ownership		Casinghe	·	=		7 -7		
				1	· · · · · · · · ·			
If change of ownership giv and address of previous ov			 					
Lease Name	L AND		Pool Name, Including F	ormation		Kind of Lease		Lease No.
Harry Leonard (M	CT-C)	12	Arrowhead Gr	ь		State, Federal	or Fee State	B-1732
Location		, 1		=		<u> </u>		
Unit Letter	, 660	Feet Fro	m The North Lir	ne and	10	Feet From T	he East	
							_	
Line of Section 36	Tov	wnship 21-8	Range	36-5	, NMPM	<u> </u>	Les	County
DESIGNATION OF TRA	NSPORT	TER OF OIL	AND NATURAL GA	\S				
Name of Authorized Transpo			ondensate	Address (Give address t	o which approv	ed copy of this form	is to be sent)
Shell Pipe Line	erpere	tion		Bex 1	910. Mid	land. Text	# 79701	
Name of Authorized Transpo	rter of Cas	singhead Gas		Address (Give address t	o which approv	ed copy of this form	is to be sent)
None - Gas is ver	ated, a			constru	stion ually connecte	ed? Whe		
If well produces oil or liquid give location of tanks.	is,	Unit Sec			darry connecte	, whe		
			6 21-8 36-E	No No			- · · · · · · · · · · · · · · · · · · ·	
If this production is commit. COMPLETION DATA	ingled wit	th that from an	y other lease or pool,	give comm	ingling order	number:		
			Oil Well Gas Well	New Well	Workover	Deepen	Plug Back Same	Res'v. Diff. Res'v
Designate Type of C	ompletic			-		1		i
Date Spudded		Date Compl. F	leady to Prod.	Total Dep	tn		P.B.T.D.	
Elevations (DF, RKB, RT, C	R etc.	Name of Produ	icing Formation	Top Oil/G	as Pay	<u></u>	Tubing Depth	
(= , = = , = , = , = , = , = , = , = ,	, 5,500		•					
Perforations	erforations						Depth Casing Shoe	
						· · · · · · · · · · · · · · · · · · ·		
		TUBING, CASING, AND		CEMENT			SACKS CEMENT	
HOLE SIZE		CASING	& TUBING SIZE	 	DEPTH SE	ET	SACKS	EMENT
		 		 				
		 						
							Ì	
TEST DATA AND REQ	UEST F	OR ALLOWA	BLE (Test must be a	fter recover	y of total volu	me of load oil d	and must be equal to	or exceed top allow
OIL WELL able for this depth or be for full 24 hours)							t. etc.)	
Date First New Oil Run To	, anks	Date of Test		Libducing	Memor (L ton	is househi Eres sel	.,,	
Length of Test		Tubing Press	ure	Casing Pr	essure		Choke Size	
Actual Prod. During Test		Oil-Bbls.		Water - Bb	ls.		Gas-MCF	
		<u> </u>		1				
								
GAS WELL		Length of Test		Bhle. Com	Bbls. Condensate/MMCF		Gravity of Condensate	
Actual Prod. Test-MCF/D		Fendin or 144	••	22.0. 001		•	January C. Comment	-
Testing Method (pitot, back	pr.)	Tubing Press	re (Shut-in)	Casing Pr	essure (Shut	-in)	Choke Size	
	- •		,		.			
CERTIFICATE OF CO	ERTIFICATE OF COMPLIANCE				OIL (CONSERVA	TION COMMISS	ION
	DELICITED OF COME DISTRICT				JUL 22 19/1			
I hereby certify that the r	ules and	regulations of	the Oil Conservation	APPRO	VED	N	11277	, 19
Commission have been cabove is true and comple	omplied vete to the	with and that best of my l	the information given knowledge and belief.	BY	Kest	w 1	(Lemo	uy
		•	-	<u> </u>	OII	E G ? ?	MISH TO	ùì.

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.

RECEIVED

JUL O 1197; OIL CONSERVATION COMM. HOBES, N. M.