

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL GAS
OPERATOR	
PRODUCTION OFFICE	

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-101 and C-110
Effective 1-1-65

Operator Gulf Oil Corporation	
Address Box 670, Hobbs, New Mexico 88240	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input type="checkbox"/>	Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
Recompletion <input type="checkbox"/>	
Change in Ownership <input type="checkbox"/>	Re-opened Blinebry zone and commingled Blinebry with existing Drinkard in well bore. DHC-198

If change of ownership give name and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name Harry Leonard (NCT-C)	Well No. 15	Pool Name, including Formation Blinebry	Kind of Lease State, Federal or Fee State	Lease No. B-1732
Location Unit Letter G ; 1650 Feet From The North Line and 2013 Feet From The East Line of Section 36 Township 21-S Range 36-E , NMPM, Lea 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"/> Texas-New Mexico Pipeline Company	Address (Give address to which approved copy of this form is to be sent) Box 1510, Midland, Texas 79701	
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Warren Petroleum Corporation	Address (Give address to which approved copy of this form is to be sent) Box 1589, Tulsa, Oklahoma 74100	
If well produces oil or liquids, give location of tanks.	Unit N	Sec. 36
	Twp. 21-S	Rge. 36-E
	Is gas actually connected? Yes When Unknown	

If this production is commingled with that from any other lease or pool, give commingling order number: **DHC-198 & PC-512**

IV. COMPLETION DATA

Designate Type of Completion - (X) XX	Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> New Well <input type="checkbox"/> Workover <input type="checkbox"/> Deepen <input type="checkbox"/> Plug Back <input type="checkbox"/> Same Res't'v. <input type="checkbox"/> Diff. Res't'v. <input checked="" type="checkbox"/>		
Date XXXX completed 9-20-76	Date Compl. Ready to Prod. 9-20-76	Total Depth 6780'	P.B.T.D. 6749'
Elevations (DF, RKB, RT, CR, etc.) 3498' GL	Name of Producing Formation Blinebry	Top Oil/Gas Pay 5552'	Tubing Depth 6602'
Perforations 5552' to 5738'			Depth Casing Shoe 6790'

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
11"	8-5/8"	2135'	400 sacks (Circulated)
7-7/8"	5-1/2"	5892'	610 sacks (TOC at 2270')
4-3/4"	4" liner	6790', top at 5786'	130 sacks (TOC at 5786')
	2-3/8"	6602'	

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 9-20-76	Date of Test 9-23-76	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 hours	Tubing Pressure --	Casing Pressure --	Choke Size 2"
Actual Prod. During Test 52 barrels	Oil-Bbls. 30	Water-Bbls. 22	Gas-MCF --

GAS WELL

Corrected Gravity 36.8

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, 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.

D. F. Berlin
(Signature)
Area Engineer
(Title)
October 7, 1976
(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19____
BY **Jerry Skates**
TITLE **SUPV. DISTRICT I**

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 deviator 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.