IVED		
DISTRIBUTION		
SANTA FE		
FILE		
U.S.G.S.		
LAND OFFICE		
OIL		
GAS		
OPERATOR		
PRORATION OFFICE		
	OIL GAS	OIL GAS

June 28, 1972

(Date)

1.	NB. OF COPIES NECEIVED	4			
Ì	DISTRIBUTION	NEW MEXICO OIL CO	ONSERVATION COMMISSION	Form C-104	
Ī	SANTA FE	REQUEST FOR ALLOWABLE		Supersedes Old C-104 and C-110	
ľ	FILE	GNA		Effective 1-1-65	
ŀ	U.S.G.S.	AUTHORIZATION TO TRA	NSPORT OIL AND NATURAL	GAS	
+	LAND OFFICE				
f	OIL				
1	TRANSPORTER GAS	_			
-		-			
ļ	OPERATOR	_			
1.	PRORATION OFFICE	<u> </u>			
1	Operator				
1	Gulf Oil Corporation				
Ī	Address				
]	Box 670, Hobbs, New Me	xico 88240			
}	Reason(s) for filing (Check proper bo	x)	Other (Please explain)		
ĺ	New Well	Change in Transporter of:			
	Recompletion	Oil Dry Gas	s New Well	•	
		Casinghead Gas Conden		į	
l	Change in Ownership	Custingness Cus			
	If change of ownership give name		,		
	and address of previous owner				
	•				
11.	DESCRIPTION OF WELL AND	LEASE		No.	
	Lease Name	Well No. Pool Name, Including Fo	i i		
	Harman I amount (NCT C)	16 Undesignated/	State, Feder	dl or Fee State B-1732	
	Harry Leonard (NCT-C)				
	1.0	NOO Equith 10	e and 2240 Feet From	The West	
	Unit Letter K ; 19	80 Feet From The South Line	e und rect rom	11000	
			S-E , NMPM;	Top County	
	Line of Section 36 To	ownship 21-S Range 36	5-E , NMPM,	Lea County	
			_		
Ш.	DESIGNATION OF TRANSPOR	RTER OF OIL AND NATURAL GA	Address (Give address to which appro	and conv of this form is to be sent)	
	Name of Authorized Transporter of O	or Condensate	Address (Give address to which appro	over copy of this form is to be sent,	
	The Permian Corporation	on	Box 3119, Midland, Te	mas 79701	
	Name of Authorized Transporter of C	asinghead Gas 💟 💮 or Dry Gas 🦳	Address (Give address to which appr	oved copy of this form is to be sent)	
	Warren Petroleum Corpo		Box 1589, Tulsa, Okla	homa 74100	
	warren recroteum corpo	Unit Sec. Twp. P.ge.	Is gas actually connected?	hen	
	If well produces oil or liquids,		Von	6-23-72	
	give location of tanks.	N 36 21-S 36-E		0-23-72	
	If this production is commingled w	with that from any other lease or pool,	give commingling order number:		
IV.	COMPLETION DATA			Plug Back Same Resty, Diff. Resty.	
	1	Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Restv. Diff. Restv.	
	Designate Type of Complet	100 - (X) XX	XX		
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.	
	5-25-72	6-17-72	5900'	5857'	
	Elevations (DF, RKB, RT, GR, etc.)		Top Oil/Gra Pay	Tubing Depth	
		\	5576'	5804'	
	3519' GL	Blinebry		Depth Casing Shoe	
	Perforations			rocal	
	5576' to 5802' TUBING, CASING, AND CEMENTING RECORD				
				SACKS CEMENT	
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET		
	11"	8-5/8"	1220'	350 sacks (Circulated)	
	7-7/8"	5-1/2"	5900	735 sacks (TOC at 1800')	
	7-770	2-3/8"	58041		
			f and one of land of	il and must be equal to or exceed top allow-	
V.	TEST DATA AND REQUEST	FOR ALLOWABLE (Test must be a	epth or be for full 24 hours)	il and must be equal to or exceed top allow-	
	OIL WELL		Producing Method (Flow, pump, gas	lift, etc.)	
	Date First New Oil Run To Tanks	Date of Test	producting incomes (e.e.,		
	6-17-72	6-27-72	Pump	Choke Size	
	Length of Test	Tubing Pressure	Casing Pressure		
	24 hours			Gas-MCF	
	Actual Prod. During Test	Oil-Bbis.	Water - Bbls.	Gas-MCF	
		47	137 (Load)		
	184 barrels	4/			
	GAS WELL	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate	
	Actual Prod. Test-MCF/D	Langth of Test			
			Casing Pressure (Shut-in)	Choke Size	
	Testing Method (pitot, back pr.)	Tubing Preseure (Shut-in)	Cdsind blessme (streemin)	Choice Size	
			1		
	CERTIFICATE OF COMPLIA	NCE	OIL CONSER!	VATION COMMISSION	
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		IIIM	29 1972	
			APPROVED		
Commission have been complied with an above is true and complete to the best		the best of my knowledge and belief.			
	BUOYE AS LINE WINE COMPACTO TO THE COMPACTOR OF THE COMPA		TITLE SUPERVISOR DISTRICT I		
			This form is to be filed i	n compliance with RULE 1104.	
	E. Fallinger		11 -	dellad or deepends	
			I to the form must be accompanied by a tabulation of the devices		
	- \ \ \(\(\S \)	ignature)	tests taken on the well in accordance with Nota in		
	Area Engineer	·	All sections of this form	must be filled out completely for allow	
(Title)		able 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.

RECEIVED

JUNEAU CONSTRUCTION CONTRACTOR OF AUGUST, I.E.