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TRANSPORTER OIL		
TRANSPORTER GAS		
OPERATOR		
PRORATION OFFICE		

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

Operator
Gulf Oil Corporation

Address
Box 670, Hobbs, New Mexico 88240

Reason(s) for filing *(Check proper box)*

New Well ☐
Recompletion ☐
Change in Ownership ☐

Change in Transporter of:
Oil ☐ Dry Gas ☐
Casinghead Gas ☐ Condensate ☐

Other *(Please explain)*
New Well

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

DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease State, Federal or Fee	Lease No.
Harry Leonard (NCT-A)	9	Eumont	State	B-1732

Location
Unit Letter J ; 1980 Feet From The South Line and 1980 Feet From The East

Line of Section 22 Township 21-S Range 36-E , NMPM, Lea County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil XX or Condensate ☐	Address *(Give address to which approved copy of this form is to be sent)*
Shell Pipeline Corporation	Box 1910, Midland, Texas 79701
Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐	Address *(Give address to which approved copy of this form is to be sent)*
Phillips Petroleum Corporation	Phillips Bldg., Odessa, Texas 79760

If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	J	22	21-S	36-E	Yes	9-7-76

If this production is commingled with that from any other lease or pool, give commingling order number: R-1767

COMPLETION DATA

Designate Type of Completion – (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
	XX		XX					

Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
8-12-76	8-27-76	3950'	3948'
Elevations *(DF, RKB, RT, GR, etc.)*	**Name of Producing Formation**	**Top Oil/Gas Pay**	**Tubing Depth**
3582' GL	Queen	3750'	3728'
Perforations			**Depth Casing Shoe**
3750' to 3885'			3950'

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12-1/4"	8-5/8"	343'	200 sacks (Circulated)
7-7/8"	4-1/2"	3950'	1373 sacks (Circulated)
	2-3/8"	3728'	

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)

OIL WELL

Date First New Oil Run To Tanks	Date of Test	Producing Method *(Flow, pump, gas lift, etc.)*	
8-27-76	9=8-76	Flowing	
Length of Test	**Tubing Pressure**	**Casing Pressure**	**Choke Size**
24 hours	100#	--	32/64"
Actual Prod. During Test	**Oil-Bbls.**	**Water-Bbls.**	**Gas-MCF**
114 barrels	72	42 (Load)	--

GAS WELL

Corrected Gravity 34.2

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**

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.

O. T. Berlin
(Signature)

Area Engineer
(Title)

September 8, 1976
(Date)

OIL CONSERVATION COMMISSION

APPROVED SEP 9 1976, 19 _____

BY John W. Runyan

TITLE Geologist

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, change of operator, or other such changes of ownership.