

DISTRIBUTION		NEW MEXICO OIL CONSERVATION COMMISSION		Form C-104	
SANTA FE		REQUEST FOR ALLOWABLE		Supersedes Old C-104 and C-11	
FILE		AND		Effective 1-1-65	
U.S.G.S.		AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS			
LAND OFFICE					
TRANSPORTER		OIL GAS			
OPERATOR					
PROBATION OFFICE					
Operator					
Gulf Oil Corporation					
Address					
P. O. Box 670, Hobbs, NM 88240					
Reason(s) for filing (Check proper box)				Other (Please explain)	
New Well ☐				Corrected gas transporter	
Recompletion ☐				Change in Transporter of: Oil ☐ Dry Gas ☐	
Change in Ownership ☐				Casinghead Gas ☒ Condensate ☐	
If change of ownership give name and address of previous owner					
DESCRIPTION OF WELL AND LEASE					
Lease Name		Well No.		Kind of Lease	
Harry Leonard (NCT-A)		12		State, Federal or Fee State	
Location		Pool Name, including Formation		Lease No.	
		Eumont		B-1732	
Unit Letter P ; 990 Feet From The South Line and 660 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 ☒ or Condensate ☐				Address (Give address to which approved copy of this form is to be sent)	
Shell Pipeline Corporation				P. O. Box 1910, Midland, TX 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)	
Northern Natural Gas Co.				Box 308, Omaha, Nebraska 68101	
If well produces oil or liquids, give location of tanks.		Unit	Sec.	Twp.	Rge.
		J	22	21-S	36-E
		Is gas actually connected?		When	
		Yes		11-2-77	
If this production is commingled with that from any other lease or pool, give commingling order number:					
COMPLETION DATA					
Designate Type of Completion - (X)					
Oil Well Gas Well New Well Workover Deepen Plug Back Same Res'v. Diff. Res'v.					
Date Spudded		Date Compl. Ready to Prod.		Total Depth	
				P.B.T.D.	
Elevations (DF, RKB, RT, CR, etc.)		Name of Producing Formation		Top Oil/Gas Pay	
				Tubing Depth	
Perforations				Depth Casing Shoe	
TUBING, CASING, AND CEMENTING RECORD					
HOLE SIZE		CASING & TUBING SIZE		DEPTH SET	
				SACKS CEMENT	
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		Date of Test		Producing Method (Flow, pump, gas lift, etc.)	
Length of Test		Tubing Pressure		Casing Pressure	
				Choke Size	
Actual Prod. During Test		Oil - Bbls.		Water - Bbls.	
				Gas - MCF	
GAS WELL					
Actual Prod. Test - MCF/D		Length of Test		Bbls. Condensate/MMCF	
				Gravity of Condensate	
Testing Method (puff, back pr.)		Tubing Pressure (shut-in)		Casing Pressure (shut-in)	
				Choke Size	
CERTIFICATE OF COMPLIANCE					
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.					
OIL CONSERVATION COMMISSION					
APPROVED NOV 28 1977, 19					
BY [Signature] Special Agent					
TITLE					
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.					