

NEW MEXICO OIL CONSERVATION COMMISSION		Form C-104 Superseding Old C-101 and C-11 Effective 1-1-65	
REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS			
LAND OFFICE			
TRANSPORTER		OIL GAS	
OPERATOR			
PRODUCTION 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	☐	Change in Transporter of:	
Recompletion	☐	Oil	☐ Dry Gas ☐
Change in Ownership	☐	Casinghead Gas	☐ Condensate ☐
If change of ownership give name and address of previous owner		Show gas connection	
DESCRIPTION OF WELL AND LEASE			
Lease Name	Well No.	Pool Name, including Formation	Kind of Lease
Harry Leonard (NCT-A)	12	Eumont	State, Federal or Fee
			State
			Lease No.
			B-1732
Location			
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. of America	P. O. Box 283, Houston, TX 77001		
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.
	J	22	21-s
			36-E
Is gas actually connected?	Yes	When	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	Lbbs. Condensate/MCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
CERTIFICATE OF COMPLIANCE		OIL CONSERVATION COMMISSION	
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.		APPROVED _____, 19____	
		BY _____	
		TITLE _____	
Area Engineer		This form is to be filed in compliance with RULE 1104.	
(Signature)		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.	
(Title)		All sections of this form must be filled out completely for allowable on new and recompleted wells.	
11-4-77		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	
(Date)			