

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-11
 Effective 1-1-65

Operator Gulf Oil Corp.
 Address P.O. Box 670, Hobbs, NM 88240
 Reason(s) for filing (Check proper box)
 New Well ☒ Change in Transporter of:
 Completion ☐ Oil ☐ Dry Gas ☐
 Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐
 Other (Please explain) Request testing allowable of 50 barrels

change of ownership give name and address of previous owner _____

DESCRIPTION OF WELL AND LEASE
 Lease Name Harry Leonard (WTC) Well No. 20 Pool Name, including Formation Drinkard Kind of Lease State, Federal or Fee Lease No. B-1732
 Location D 660 Feet From The North Line and 990 Feet From The West
 Line of Section 36 Township 21S Range 36E NMPM, Dea 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) 2445 New Mexico Pipeline Box 2528 Hobbs NM 88240
 Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐ Address (Give address to which approved copy of this form is to be sent) Warren Petroleum Box 1589 Tulsa OK 74100
 Well produces oil or liquids, give location of tanks. Unit D Sec. 36 Twp. 21S Rge. 36E Is gas actually connected? No When _____

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 ☐ Shave Restv. ☐ Full Restv.
 Date Spudded _____ Date Compl. Ready to Prod. _____ Total Depth _____ P.S.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 (Test must be after recovery of total volume of land 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/MCF _____ Gravity of Condensate _____
 Testing Method (pilot, 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.
RDP Rite
 (Signature)
 AREA ENGINEER
 (Title)
 5-29-85
 (Date)

OIL CONSERVATION COMMISSION
 MAY 30 1985
 APPROVED _____
 ORIGINAL SIGNED BY EDDIE SEAY
 BY _____
 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.