

SAINTA 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
 Superseding Old C-101 and C-110
 Effective 1-1-65

Operator
Gulf Oil Corporation

Address
P. O. Box 670, Hobbs, New Mexico 88240

Reason(s) for filing (check proper box) Other (Please explain)

New Well Change in Transporter of: Change in ownership and operator

Recompletion Oil Dry Gas effective 1-1-77

Change in Ownership Casinghead Gas Condensate

If change of ownership give name and address of previous owner
J. C. Mann
John H. Hill, 8333 Douglas, Dallas, Texas 75225

DESCRIPTION OF WELL AND LEASE

Lease Name Lamunyon Federal	Well No. 3	Pool Name, including Formation Langlie-Mattix	Kind of Lease State, Federal or Fee Federal	Lease No. LC-030187
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Location

Unit Letter: **E** ; **1650** Feet From The **north** Line and **990** Feet From The **West**

Line of Section **22** Township **23S** Range **37E** , NMPM, **Lea** County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil or Condensate
Well is not producing Address (Give address to which approved copy of this form is to be sent)

Name of Authorized Transporter of Casinghead Gas or Dry Gas
Address (Give address to which approved copy of this form is to be sent)

If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
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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 Resv.	Diff. Resv.
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 (prior, back pr.)	Testing 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.

D. F. Berlin
 (Signature)
 Area Engineer
 (Title)
 March 1, 1977
 (Date)

OIL CONSERVATION COMMISSION
FEB 25 1977

APPROVED _____, 19____

BY **John Lamunyon**
 (Signature)

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 reworked 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 ownership.

RECEIVED
FEB 2 1977
CIVIL ENGINEERING DEPT.
UNIVERSITY OF CALIFORNIA
SAN DIEGO, CALIF.