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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	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

I. Operator
Operator **Gulf Oil Corporation**
Address **P. O. Box 980, Kermit, Texas 79745**

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 _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name **C. E. LaMunyon** Well No. **25** Pool Name, Including Formation **Teague-Blinebry** Kind of Lease **Federal** Lease No. **IC 030187**

Location
Unit Letter **L** **1980** Feet From The **South** Line and **660** Feet From The **West**
Line of Section **22** Township **23S** Range **37E**, NMPM, **Lee** County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil or Condensate
Shell Pipe Line Corporation Address (Give address to which approved copy of this form is to be sent) **P. O. Box 1910, Midland, Texas 79704**

Name of Authorized Transporter of Casinghead Gas or Dry Gas
El Paso Natural Gas Company Address (Give address to which approved copy of this form is to be sent) **P. O. Box 1384, Jal., New Mexico 88252**

If well produces oil or liquids, give location of tanks. Unit **B** Sec. **28** Twp. **23S** Rge. **37E** Is gas actually connected? **Yes** When **1-30-68**

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

IV. COMPLETION DATA

Designate Type of Completion - (X)	<input checked="" type="checkbox"/> Oil Well	<input type="checkbox"/> Gas Well	<input checked="" type="checkbox"/> New Well	<input type="checkbox"/> Workover	<input type="checkbox"/> Deepen	<input type="checkbox"/> Plug Back	<input type="checkbox"/> Same Res'v.	<input type="checkbox"/> Diff. Res'v.
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
1-25-68	2-15-68	5950'	5922'					
Elevations (DF, RKB, RT, CR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
3309 RKB	Teague Blinebry	5437'	5728'					
Perforations	Depth Casing Shoe							
5733-35, 5647-49, 5561-63, 5489-91, 5437-39	5947'							

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
11"	8-5/8" 24.00	899'	370 sx Circulated
7-7/8"	5-1/2" 15.50	5947'	730 sx TSITC 2230'
	2-3/8" 4.70#	5728'	

V. 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.)	
2-15-68	2-17-68	Flowing	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24 hours	500	750	2 1/4"
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF
119	109	10	706

GAS WELL Well produced 50 BO prior to this test.

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

VI. 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.

H. F. Swannack
(Signature) **H. F. Swannack**
Area Production Manager
(Title)
February 19, 1968
(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19____
BY **[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 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.
Separate Forms C-104 must be filed for each pool in multiply completed wells.