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LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRORATION OFFICE	

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

5-MOCC-Hobbs
1-W.L. Boone-Houston
1-J.E. Pierce-Midland
1-File

I. Operator

GUNTER OIL COMPANY

Address
P.O. Box 249, Hobbs, New Mexico 88240

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

New Well Change in Transporter of: Oil Dry Gas

Recompletion Casinghead Gas Condensate

Change in Ownership

If change of ownership, name and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name H. D. McKinley	Well No. 10	Pool Name, including Formation Hobbs Blinebry	Kind of Lease State, Federal or Fee Fee	Lease No.
Location				
Unit Letter B	405	Feet From The North	Line and 2272	Feet From The East
Line of Section 30	Township 18S	Range 38E	NMPM, Lea	County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Shell Pipe Line Company	P.O. Box 1598, Hobbs, New Mexico 88240
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Phillips Petroleum Company	P.O. Box 6666, Odessa, Texas
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When
	30 18S 38E Yes 11-6-69

If this production is commingled with that from any other lease or pool, give commingling order number: PC - 384

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well X	Gas Well	New Well X	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded 9-17-69	Date Compl. Ready to Prod. 11-6-69	Total Depth 6050'	P.B.T.D. 5972'					
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation Blinebry	Top Oil/Gas Pay 5871'	Tubing Depth 5935'					
Perforations 5371-5951'				Depth Casing Shoe 6047'				
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
17-1/2	13-3/8	382	400					
11	8-5/8	3849	1250					
7-7/8	5-1/2	6047	570					
	2-3/8	5935						

V. TEST DATA AND REQUEST FOR ALLOWABLE (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 11-6-69	Date of Test 11-8-69	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 Hours	Tubing Pressure -	Casing Pressure -	Choke Size 2"
Actual Prod. During Test 203	Oil - Bbls. 67	Water - Bbls. 136	Gas - MCF 3

GAS WELL

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.

C. J. Wade
(Signature)
Area Superintendent
(Title)
November 11, 1969
(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 conditions.
Separate Forms C-104 must be filed for each pool in a well.