

SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL GAS
OPERATOR	
PRODUCTION OFFICE	

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Supersedes Old C-10 and C-11
Effective 1-1-65

Operator Gulf Oil Corporation	
Address P. O. Box 670, Hobbs, NM 88240	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input type="checkbox"/>	Change in Transporter of: Abandoned Teague Simpson & completed
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> North Teague Devonian
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>

If change of ownership give name
and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name C. E. LaMunyon	Well No. 10	Pool Name, including Formation North Teague Devonian	Kind of Lease State, Federal or Fee Fed.	Lease No. LC-03018
Location				
Unit Letter L	1650	Feet From The South	Line and 990	Feet From The West
Line of Section 22	Township 23-S	Range 37-E	NMPM, Lea	County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	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 <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
El Paso Natural Gas Co.	P. O. Box 1384, Jal, NM 88252					
If well produces oil or liquids, give location of tanks.	Unit B	Soc. 28	Twp. 23-S	Rge. 37-E	Is gas actually connected? yes	When 8-18-77

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 XX	Gas Well	New Well	Workover	Deepen	Plug Back	Same Restv.	Diff. Restv.
Date Spudded 5-19-77	Date Compl. Ready to Prod. 5-19-77	Total Depth 9475'	P.B.T.D. 9080'					
Elevations (DF, RKB, RT, GR, etc.) 3300' GL	Name of Producing Formation Devonian	Top Oil/Gas Pay 7434'	Tubing Depth 7375'					
Perforations 7434' to 7444'	Depth Casing Shoe 9311'							
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
17 1/2"	13 3/8"	405	300 sacks - circ					
12 1/4"	9 5/8"	2900'	1300 sacks					
8 3/4"	7"	9311'	800 sacks (TOC at 480)					
5: liner = top at 9276'		7375'						

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 5-19-77	Date of Test 5-19-77	Producing Method (Flow, pump, gas lift, etc.) flowing	
Length of Test 24 hrs	Tubing Pressure 225#	Casing Pressure -	Choke Size 18/64"
Actual Prod. During Test	Oil-Bbls. 96	Water-Bbls.	Gas-MCF 660

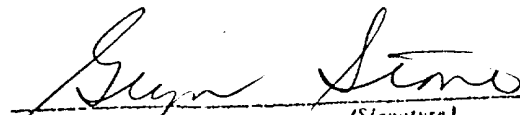
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GAS WELL

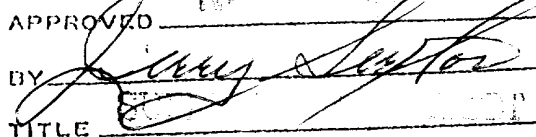
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (flow, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size

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.


(Signature)
Area Engineer
(Title)
11-4-77
(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19____
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 deviate tests taken on the well in accordance with RULE 111.
All portions 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.

RECEIVED

1917

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NEW MEXICO OIL CONSERVATION COMMISSION
WELL LOCATION AND ACREAGE DEDICATION PL

Form C-102
Supersedes C-128
Effective 1-1-65

All distances must be from the outer boundaries of the Section.

Operator Gulf Oil Corporation			Lease C. E. LaMunyon		Well No. 10
Unit Letter L	Section 22	Township 23-S	Range 37-E	County Lea	

Actual Footage Location of Well:

1650 feet from the **South** line and **990** feet from the **West** line

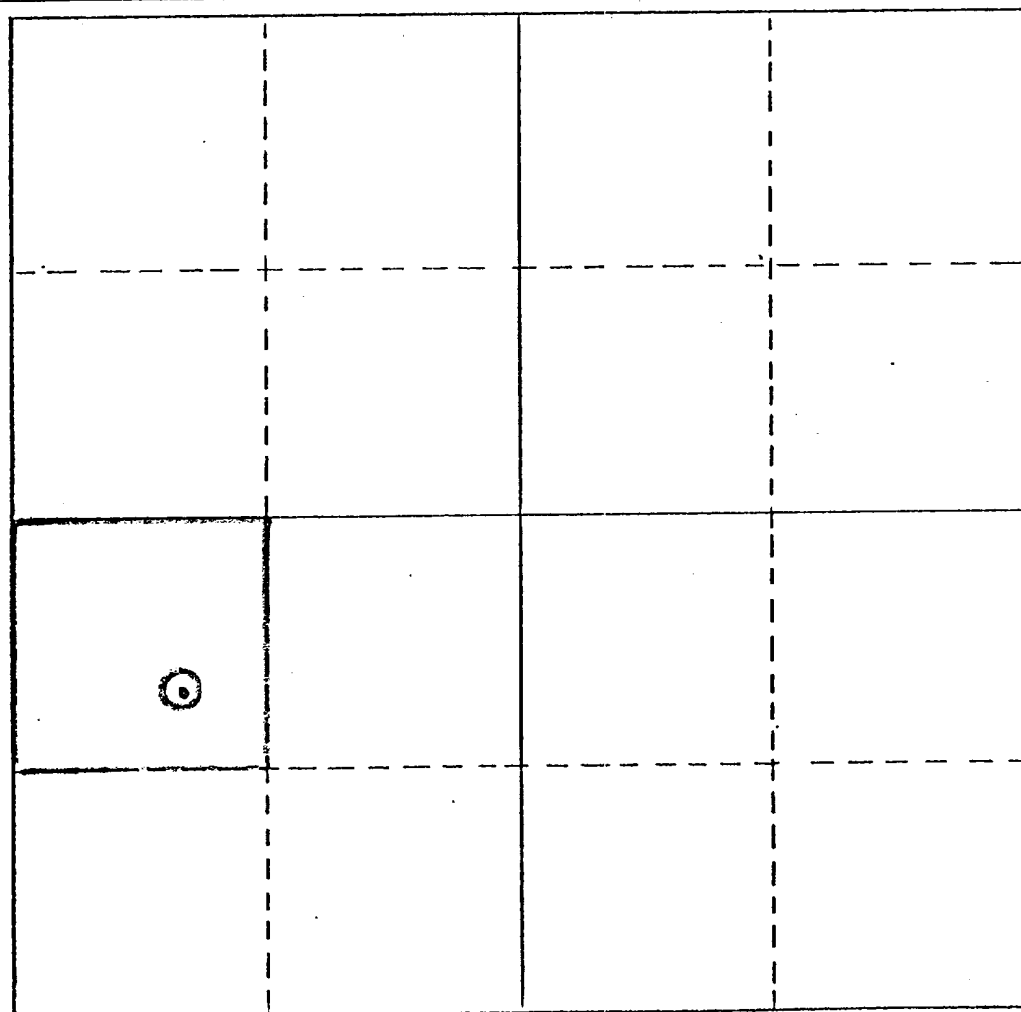
Ground Level Elev. 3300'	Producing Formation Devonian	Pool North Teague Devonian	Dedicated Acreage: 40 Acres
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1. Outline the acreage dedicated to the subject well by colored pencil or hachure marks on the plat below.
2. If more than one lease is dedicated to the well, outline each and identify the ownership thereof (both as to working interest and royalty).
3. If more than one lease of different ownership is dedicated to the well, have the interests of all owners been consolidated by communitization, unitization, force-pooling, etc?

☐ Yes. ☐ No If answer is "yes," type of consolidation _____

If answer is "no," list the owners and tract descriptions which have actually been consolidated. (Use reverse side of this form if necessary.) _____

No allowable will be assigned to the well until all interests have been consolidated (by communitization, unitization, forced-pooling, or otherwise) or until a non-standard unit, eliminating such interests, has been approved by the Commission.



CERTIFICATION

I hereby certify that the information contained herein is true and complete to the best of my knowledge and belief.

By: *Elyn Sikes*
Name

N. P. Sikes, Jr

Position

Area Engineer

Company

Gulf Oil Corporation

Date

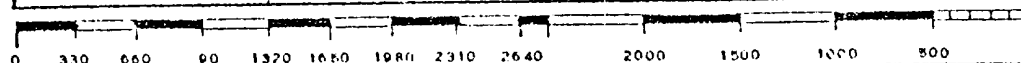
11-2-77

I hereby certify that the well location shown on this plat was plotted from field notes of actual surveys made by me or under my supervision, and that the same is true and correct to the best of my knowledge and belief.

Date Surveyed

Registered Professional Engineer and/or Land Surveyor

Certificate No.



RECEIVED

NOV 3 1977

OIL CONSERVATION COMM.
HOBBS, N. M.