

DEPARTMENT OF LAND	NEW MEXICO OIL CONSERVATION COMMISSION	Form C-101
SALE PRICE	REQUEST FOR ALLOWABLE	Supersedes Old C-101 and C-102
FEE	AND	Effective 1-1-65
U.S.G.S.	AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS	
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRODUCTION OFFICE		
Operator		

Gulf Oil Corporation

Address

P. O. Box 670, Hobbs, NM 88240

Reason(s) for filing (Check proper box)

New Well ☐ Change in Transporter of: Oil ☐ Dry Gas ☐ ** Correct Test Information

Recompletion ☐ Oil ☐ Dry Gas ☐ ** Correct Test Information

Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐ ** Correct Test Information

If change of ownership give name and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, including Formation	Kind of Lease	Lease No.
C. E. LaMunyon	9	Teague Abo Gas	State, Federal or Free Federal	LC-030187

Location

Unit Letter D : 660 Feet From The North Line and 660 Feet From The West

Line of Section 27 Township 23S Range 37E, NMPM, Lea 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)
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 Res'ty.	Diff. Res'ty.
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.R.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 fluid oil and must be equal to or exceed top oil rate 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
** 900	24 hrs	0	0
Testing Method (Free, Back, etc.)	Tubing Pressure (psi)	Casing Pressure (1,000-3,000)	Choke Size
Flow	1750%	0#	** 10/64"

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.

Area Engineer

OIL CONSERVATION COMMISSION

APPROVED AUG 11 1982

ORIGINAL SIGNED BY JERRY SIXTON DISTRICT 1 SUPR.

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 drill bit tests taken on the well in accordance with RULE 111.

All portions of this form must be filled out completely for oil, gas or water and recompleted wells.

Fill out only Sections I, II, III, and IV for production of gas.