

FILE
U.S.G.S.
LAND OFFICE
TRANSPORTER OIL GAS
OPERATOR
PROBATION OFFICE

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form O-104
Supersedes OHS C-101 and C-1
Effective 1-1-65

Operator
Gulf Oil Corporation
Address
Box 670 Hobbs, NM 88240
Reason(s) for filing (Check proper box)
New Well ☐ Change in Transporter of ☐
Recompletion ☐ Oil ☐ Dry Gas ☐
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐
Other (Please explain)
To show change in condensate Transporter

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE
Lease Name
C.E. LaMunyon
Well No.
11
Pool Name, including Formation
North Teague Devonian
Kind of Lease
State, Federal or Fee
Fed.
Lease No.
LC-030187
Location
Unit Letter
C
Feet From The
660
North
Line and
1980
Feet From The
West
Line of Section
27
Township
23-S
Range
37-E
NMPM,
Lea
County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS
Name of Authorized Transporter of Oil ☐ or Condensate ☒
Shell Pipeline Corporation
Address (Give address to which approved copy of this form is to be sent)
Box 1910 Midland, Texas 79701
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☐
El Paso Natural Gas Co.
Address (Give address to which approved copy of this form is to be sent)
Box 1384 Jal, New Mexico 88252
If well produces oil or liquids, give location of tanks.
Unit
B
Sec.
28
Twp.
23-S
Rge.
37-E
Is gas actually connected?
Yes
When
8-10-77

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)
Oil Well ☐ Gas Well ☐ New Well ☐ Workover ☐ Deepen ☐ Plug Back ☐ Same Rest'v. ☐ Diff. Rest'v. ☐
Date Spudded
Date Compl. Ready to Prod.
Total Depth
P.D.T.D.
Elevations (DF, RKB, RT, GR, 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

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.)
Length of Test
Tubing Pressure
Casing Pressure
Choke Size
Actual Prod. During Test
Oil-Bble.
Water-Bble.
Gas-MCF

GAS WELL
Actual Prod. Test-MCF/D
Length of Test
Bble. Condensate/MCF
Gravity of Condensate
Testing Method (pilot, 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.
Area Engineer
August 15, 1977

OIL CONSERVATION COMMISSION
APPROVED
BY
Geologist
TITLE
This form is to be filed in compliance with RULE 1104.
If this is a request for allowable for a newly drilled or deeper well, this form must be accompanied by a tabulation of the deviat tests taken on the well in accordance with RULE 111.
All sections of this form must be filled out completely for all wells on new and recompleted wells.
Fill out only Sections I, II, III, and VI for changes of own well name or number, or transporter, or other such change of condition.

RECEIVED

DEC 17 1977

OIL CONSERVATION COMM.
HOBBS, N. M.