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	GAS	
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NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND ^{HOBBS} OFFICE O. C. C.
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS
JUN 13 11 34 AM '68

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

I.

Operator Gulf Oil Corporation	
Address P. O. Box 980, Kermit, Texas 79745	
Reason(s) for filing (Check proper box)	
New Well <input type="checkbox"/>	Change In Transporter of:
Recompletion <input checked="" type="checkbox"/> (Dual)	Oil <input type="checkbox"/>
Change In Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/>
	Dry Gas <input type="checkbox"/>
	Condensate <input type="checkbox"/>
Other (Please explain) Dual complete with existing Teague (Ellenburger) Pool completion	

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 Teague Simpson	Kind of Lease State, Federal or Fee Federal	Lease No. LC 030187
Location				
Unit Letter C	660	Feet From The North	Line and 1980	Feet From The West
Line of Section 27	Township 23S	Range 37E	, NMPM, Lea County	

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> 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 <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> 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 Unknown	

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 <input checked="" type="checkbox"/>	Gas Well	New Well	Workover <input checked="" type="checkbox"/>	Deepen	Plug Back	Same Res'v.	Diff. Res'v. <input checked="" type="checkbox"/>
Date Spudded 6-1-67	Date Compl. Ready to Prod. 5-26-68		Total Depth 9844'		P.B.T.D. 9650' (Packer)			
Elevations (DF, RKB, RT, GR, etc.) 3304 RKB	Name of Producing Formation McKee		Top Oil/Gas Pay 9230'		Tubing Depth 9170'			
Perforations 9236-38', 9276-78', 9334-36', 9360-62', 9385-87'					Depth Casing Shoe 9843'			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
16"	13-3/8" OD		296		300			
12-1/4"	9-5/8" OD		2900		1625			
8-3/4"	7" OD		9843'		975			
--	2-1/16" OD tbg		9170'		(Dual - short string - McKee)			

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 5-26-68	Date of Test 6-2-68	Producing Method (Flow, pump, gas lift, etc.) Gas Life	
Length of Test 24 hours	Tubing Pressure 70	Casing Pressure 650	Choke Size 2"
Actual Prod. During Test 43 bbl.	Oil - Bbls. 12	Water - Bbls. 31	Gas - MCF TSTM

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.


(Signature) **H. F. Swannack**

Area Production Manager

June 12, 1968

(Title)

(Date)

OIL CONSERVATION COMMISSION

APPROVED

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 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.