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

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

Operator Gulf Oil Corporation	
Address P. O. Box 980, Kermit, Texas 79745	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input type="checkbox"/>	THIS WELL HAS BEEN PLACED IN THE POOL DESIGNATED BELOW. IF YOU DO NOT CONCUR NOTIFY THIS OFFICE.
Recompletion <input checked="" type="checkbox"/>	
Change in Ownership <input type="checkbox"/>	
Change in Transporter of:	
Oil <input type="checkbox"/>	Dry Gas <input type="checkbox"/>
Casinghead Gas <input type="checkbox"/>	Condensate <input type="checkbox"/>

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

Lease Name C. E. LaMunyon	Well No. 16	Pool Name, Including Formation Teague Blinebry R-3695	Kind of Lease State, Federal or Fee Federal	Lease No. LC 030187
Location				
Unit Letter G	1980	Feet From The North Line and 1980	Feet From The East	
Line of Section 27	Township 23S	Range 37E	NMPM, Lee	County

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 Pipe Line Company		P. O. Box 1910, Midland, Texas 79704		
Name of Authorized Transporter of Casinghead Gas <input checked="" 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 Company		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 1-30-68

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

Designate Type of Completion - (X)		Oil Well <input checked="" type="checkbox"/>	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
		X							X
Date Spudded 5-25-51	Date Compl. Ready to Prod. 11-13-69	Total Depth 10,165'		P.B.T.D. 6347'					
Elevations (DF, RKB, RT, GR, etc.) 3283 DFE	Name of Producing Formation Blinebry	Top Oil/Gas Pay 5384		Tubing Depth 5817'					
Perforations 5384-86, 5440-42, 5474-76, 5520-22, 5613-15, 5737-39, 5794-96				Depth Casing Shoe 6302					
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT				
17-1/2	13-3/8" 48#		311		350 sx				
12-1/4	9-5/8" 36#		2900		1625 sx				
Liner	7" 23#		2751-6302		750 sx				
Tubing	2-3/8" 4.70#		5817						

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 11-13-69	Date of Test 11-15-69	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 hrs.	Tubing Pressure 30	Casing Pressure ---	Choke Size ---
Actual Prod. During Test 301	Oil-Bbls. 138	Water-Bbls. 163	Gas-MCF 94

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.

H. F. Swannack
(Signature) **H. F. Swannack**
Area Production Manager
(Title)
November 17, 1969
(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19____
BY **Leslie A. Clements**
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.