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| TRANSPORTER | OIL | |
| | GAS | |
| OPERATOR | | |
| PRORATION OFFICE | | |

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

I. Operator
Gulf Oil Corporation
Address
P. O. Box 980, Kermit, Texas 79745
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)

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

| | | | | |
|--|-----------------------|---|---|-------------------------------|
| Lease Name C. E. LaMunyon | Well No. 20 | Pool Name, Including Formation League - Blinbry R-3384 Undesignated Blinbry | Kind of Lease State, Federal or Fee Federal | Lease No. LC 030187 |
| Location Unit Letter M ; 660 Feet From The South Line and 510 Feet From The West Line of Section 22 Township 238 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 | | | | |
| 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) Box 1384, Jal, New Mexico | | | | |
| If well produces oil or liquids, give location of tanks. | Unit B | Sec. 28 | Twp. 238 | Rge. 37E | Is gas actually connected? When No - pending -- |

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 <input checked="" type="checkbox"/> | Workover | Deepen | Plug Back | Same Restv. | Diff. Restv. |
| Date Spudded 11-7-67 | Date Compl. Ready to Prod. 12-13-67 | | Total Depth 6400' | | P.B.T.D. 6364' | | | |
| Elevations (DF, RKB, RT, GR, etc.) 3300' RKB | Name of Producing Formation Blinbry | | Top Oil/Gas Pay 5534' | | Tubing Depth 5909' | | | |
| Perforations 5534-36'; 5585-87'; 5652-54'; 5866-68' | | | | | Depth Casing Shoe 6400' | | | |
| TUBING, CASING, AND CEMENTING RECORD | | | | | | | | |
| HOLE SIZE | CASING & TUBING SIZE | | DEPTH SET | | SACKS CEMENT | | | |
| 11" | 8-5/8" 24# J-55 | | 858' | | 440 | | | |
| 7-7/8" | 5-1/2" 15.5# J-55 | | 6400' | | 650 (TBTC @ 2275') | | | |
| | 2-3/8" 4.70# J-55 | | 5909' | | | | | |

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 12-13-67 | Date of Test 1-13-68 | Producing Method (Flow, pump, gas lift, etc.) Flow | |
| Length of Test 24 hours | Tubing Pressure 150 | Casing Pressure 525 | Choke Size 20/64" |
| Actual Prod. During Test 80 bbls | Oil - Bbls. 77 | Water - Bbls. 3 | Gas - MCF 274 |

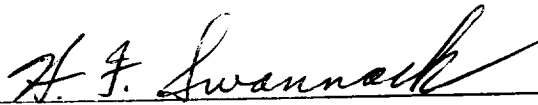
Well produced 887 barrels of oil prior to this test.

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 Manager
(Title)
January 15, 1968
(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 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.