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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) | Other (Please explain) |
| New Well <input checked="" type="checkbox"/> | Change in Transporter of: |
| Recompletion <input type="checkbox"/> | Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> |
| Change in Ownership <input type="checkbox"/> | Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/> |

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

II. DESCRIPTION OF WELL AND LEASE

| | | | | |
|-------------------------------------|-----------------------|--|---|-------------------------------|
| Lease Name C. E. Lamunyon | Well No. 22 | Pool Name, Including Formation Teague Blinebry | Kind of Lease State, Federal or Fee Federal | Lease No. LC 030187 |
| Location | | | | |
| Unit Letter X | 660 | Feet From The South Line and 1980 | Feet From The West | |
| Line of Section 21 | 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"/> | Address (Give address to which approved copy of this form is to be sent) | | | | | |
| Shell Pipe Line Corporation | P. O. Box 1910, Midland, Texas 79701 | | | | | |
| 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: _____

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 Res'v. | Diff. Res'v. |
| Date Spudded 1-2-68 | Date Compl. Ready to Prod. 2-4-68 | Total Depth 5900' | P.B.T.D. 5867' | | | | | |
| Elevations (DF, RKB, RT, GR, etc.) 3308' RKB | Name of Producing Formation Blinebry | Top Oil/Gas Pay 5399' | Tubing Depth 5509' | | | | | |
| Perforations 5756-60'; 5648-52'; 5576-80'; 5503-07' 5445-47', 5399-5401' | Depth Casing Shoe 5900' | | | | | | | |
| TUBING, CASING, AND CEMENTING RECORD | | | | | | | | |
| HOLE SIZE | CASING & TUBING SIZE | | DEPTH SET | | SACKS CEMENT | | | |
| 12-1/4" | 9-5/8" OD 32.30# | | 904 | | 460 ex Circulated | | | |
| 8-3/4" | 7" OD 23# | | 5900 | | 540 ex TSITC 2285' | | | |
| | 2-3/8" OD 4.70# | | 5509 | | | | | |

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 2-4-68 | Date of Test 2-14-68 | Producing Method (Flow, pump, gas lift, etc.) Pumping 14 x 44" SPM | |
| Length of Test 22 hrs. | Tubing Pressure 50 psi | Casing Pressure -- | Choke Size 2" |
| Actual Prod. During Test 97 | Oil-Bbls. 92 | Water-Bbls. 7 | Gas-MCF 106 |

GAS WELL Produced an estimated 920 BO prior to this test.

| | | | |
|----------------------------------|---------------------------|---------------------------|-----------------------|
| 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)
Area Production Manager
(Title)
February 15, 1968
(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19
BY **J. L. Ramsey**
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.