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TRANSPORTER	OIL	
	GAS	
OPERATOR		
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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

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"/>
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>
		Dry 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. 29	Pool Name, including Formation Teague Blinebry	Kind of Lease State, Federal or Fee Federal	Lease No. IC 030187
Location				
Unit Letter H	1980	Feet From The North	Line and 660	Feet From The East
Line of Section 28	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 Company	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 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 <input type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'v. <input type="checkbox"/>	Diff. Res'v. <input type="checkbox"/>
Date Spudded 2-14-68	Date Compl. Ready to Prod. 3-16-68		Total Depth 5900		P.B.T.D. 5866			
Elevations (DF, RKB, RT, GR, etc.) 3311.3 RKB	Name of Producing Formation Blinebry		Top Oil/Gas Pay 5439		Tubing Depth 5814			
Perforations 5439-41', 5482-84', 5524-26', 5591-93', 5680-82', 5803-05'					Depth Casing Shoe 5893			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
11"	8-5/8" 24.00#		894		340 sxs circulated			
7-7/8"	5-1/2" 15.50#		5900		440 sxs			

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 3-16-68	Date of Test 3-19-68	Producing Method (Flow, pump, gas lift, etc.) Flow	
Length of Test 24 hours	Tubing Pressure 350	Casing Pressure 1350	Choke Size 22/64"
Actual Prod. During Test 528	Oil - Bbls. 334	Water - Bbls. 194	Gas - MCF 280

GAS WELL Well produced 552 barrels of oil 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)
March 21, 1968
(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19____
BY **[Signature]**
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.