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	SANTA FE			
Ī	FILE			
Ī	U.S.G.S.			
İ	LAND OFFICE			
Ì	TRANSPORTER	OIL		
		GAS		
	OPERATOR			
I.	PRORATION OFFICE		<u> </u>	<u> </u>
- ' 1				

## NEW MEXICO OIL CONSERVATION COMMISSION

Form C-104

SANTA FE	REQUEST FO	OR ALLOWABLE	Supersedes Old C-104 and C-110 Effective 1-1-65			
FILE	AND					
U.S.G.S.	AUTHORIZATION TO TRAN	ISPORT OIL AND NATURAL G	AS			
LAND OFFICE	AUTHORIZATION TO TRANSPORT OF THE PARTY OF T					
OIL						
TRANSPORTER GAS						
OPERATOR						
DROBATION OFFICE						
Operator						
Gulf Oil C	ornoration					
Address	OI por a or or					
1	980, Kermit, Texas 797	45				
Reason(s) for filing (Check proper box)	)001 1101 1101	Other (Please explain)				
New Well	Change in Transporter of:					
Recompletion	Oil Dry Gas					
Change in Ownership	Casinghead Gas Condens	sate				
If change of ownership give name						
and address of previous owner	4" Bb Art St. /A					
II. DESCRIPTION OF WELL AND I	EASE	league-Blinel	e Lease No.			
Lease Name	Well No. Pool Name, Including For	rmation R-3436 Kind of Leas				
C. E. LaMunyon	32 Teague Bl	inebry State, Federa	d or Fee Federal LO 030187			
Location						
Unit Letter C; 660	Feet From The North Line	and Feet From	The West			
Omt Letter			G			
Line of Section 28 Tow	nship 23S Range 37	E , NMPM,	County County			
III. DESIGNATION OF TRANSPORT	ER OF OIL AND NATURAL GAS	Address (Give address to which appro	wed copy of this form is to be sent)			
Name of Authorized Transporter of Oil	or Condensate	Add. Cab ( Otto add. 111	· · · · · · · · · · · · · · · · · · ·			
Shell Pipe Line Corpora		O. Box 1910, Midland Address (Give address to which appro	oved copy of this form is to be sent)			
Name of Authorized Transporter of Cas						
El Paso Natural Gas Con		P. O. Box 1384, Jal, Is gas actually connected?	nen			
If well produces cil or liquids,	Unit Sec. Twp. Rge.		1-30-68			
give location of tanks.	B 28 23S 37E	Yes	1-30-00			
If this production is commingled wit	h that from any other lease or pool,	give commingling order number:				
IV. COMPLETION DATA			Plug Back   Same Res'v. Diff. Res'v.			
	Oil Well Gas Well	1770, 1701	Flag Edea			
Designate Type of Completion		X	P.B.T.D.			
Date Spudded	Date Compl. Ready to Prod.	Total Depth				
3-12-68	4-5-68	63081	Tubing Depth			
Elevations (DF, RKB, RT, GR, etc.,	Name of Producing Formation	Tep Oil/Gas Pay				
3317' RKB	Blinebry	54471	5804 1 Depth Casing Shoe			
Perforations						
5447-49', 5540-42', 559	147-49', 5540-42', 5593-95', 5652-54', 5722-24', 5770-72' 6300' TUBING, CASING, AND CEMENTING RECORD					
			SACKS CEMENT			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	340 sks (circ.)			
11.	8-5/8" 24.00#	8841				
7-7/8"	5-1/2" 15.50#	63001	500 aks			
1113	2-3/8" 4.70#	5804 '				
		<u> </u>				
V. TEST DATA AND REQUEST F	OR ALLOWABLE (Test must be a	ifter recovery of total volume of load of	il and must be equal to or exceed top allow-			
OIL WELL		epth or be for full 24 hours) Producing Method (Flow, pump, gas	lift. etc.)			
Date First New Oil Run To Tanks	Date of Test	producing Method (1 tow, pamp, 200				
4-7-68	4-16-68	Pumo Casing Pressure	Choke Size			
Length of Test	Tubing Pressure		2"			
24 hours	60	Water-Bbls.	Gas-MCF			
Actual Prod. During Test	Oil-Bbls.		336			
271	233	38	3.30			
· <del></del>		•				
	2 BO prior to test.	Bbls. Condensate/MMCF	Gravity of Condensate			
Actual Prod. Test-MCF/D	Length of Test	2227 33114313143				
		Casing Pressure (Shut-in)	Choke Size			
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)					
		OIL CONSERV	VATION COMMISSION			
VI. CERTIFICATE OF COMPLIAN	ICE	OIL CONSERV	A HON COMMISSION			
		APPROVED 19 19 19				
I hereby certify that the rules and	regulations of the Oil Conservation					
	with and that the information given ne best of my knowledge and belief.					
above is true and complete to the	•					
		TITKE				
/	V /	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.				
	wan cack					
(Sia	mature) H.F. Swannack					
Area Manager		Att sections of this form	Attacking of this form must be filled out completely for allow			
ALEH MATRICE	Title)	shie on new and recompleted wells.				
April 17, 1968		11	TT TTT and UT for changes of Owner			
Whi ++ + 11 -7	Date)	well name or number, or transporter, or other such change of condition well name or number. C-104 must be filed for each pool in multiple				

Separate Forms C-104 must be filed for each pool in multiply completed wells.