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

APR 23 11 54 AM '68
O. C. C.

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 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. LaMayon	Well No. 36 Pool Name, including Formation Teague Blinebry Kind of Lease Federal LC Lease No. 030187
Location Unit Letter E ; 1980 Feet From The North Line and 860 Feet From The West Line of Section 21 Township 23-S Range 37-E , NMPM, Lee 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"/> The Permian Corporation	Address (Give address to which approved copy of this form is to be sent) P. O. Box 3119, Midland, Texas 79701
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 1334, Jal, New Mexico 88252
If well produces oil or liquids, give location of tanks.	Unit F Sec. 21 Twp. 23S Rge. 37E Is gas actually connected? No - Pending When --

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 4-22-68	Date Compl. Ready to Prod. 5-18-68
Elevations (DF, RKB, RT, GR, etc.,) 3319' RKB	Name of Producing Formation Blinebry
Perforations 5465-67', 5555-57', 5661-63', 5807-09' and 5851-53'	Top Oil/Gas Pay 5465'
TUBING, CASING, AND CEMENTING RECORD	
HOLE SIZE 11" 7-7/8"	CASING & TUBING SIZE 8-5/8" 24.00 5-1/2" 15.50 2-3/8" 4.70
DEPTH SET 900' 6289' 5868'	
SACKS CEMENT 350 sk circ 510 sk	

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 5-18-68	Date of Test 5-21-68
Length of Test 8 hours	Producing Method (Flow, pump, gas lift, etc.) Flow
Actual Prod. During Test 185	Tubing Pressure 200
	Casing Pressure 950
	Choke Size 3/4"
	Oil - Bbls. 90
	Water - Bbls. 95
	Gas - MCF 150

GAS WELL Well produced 322 bbls prior to test.	
Actual Prod. Test - MCF/D	Length of Test
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) May 22, 1968 (Date)	

OIL CONSERVATION COMMISSION	
APPROVED _____, 19____	
BY John W. Runyan	
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.	