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| FILE | | |
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| LAND OFFICE | | |
| TRANSPORTER | OIL | |
| | GAS | |
| OPERATOR | | |
| PRORATION OFFICE | | |

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND ~~OFFICE U.C.C.~~
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS
JUN 8 11 38 AM '68

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

UNDESIGNATED *Teague-Blinebry*

| | | | | |
|-----------------------|-----------|--------------------------------|-----------------------|--------------------------|
| Lease Name | Well No. | Pool Name, Including Formation | Kind of Lease | Lease No. |
| C. E. LaMunyon | 38 | Teague Blinebry | State, Federal or Fee | Federal LC-030187 |

Location

Unit Letter **F** ; **1980** Feet From The **North** Line and **1980** Feet From The **West**

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"/> | Address (Give address to which approved copy of this form is to be sent) | |
| Shell Pipe Line Corp | P. O. Box 1910, Midland, Texas 79704 | |
| 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 Co. | P. O. Box 1384, Jal, New Mexico 88252 | |

| | | | | | | |
|--|----------|-----------|------------|------------|----------------------------|----------------|
| If well produces oil or liquids, give location of tanks. | Unit | Sec. | Twp. | Rge. | Is gas actually connected? | When |
| | B | 28 | 23S | 37E | Yes | 1-30-68 |

If this production is commingling with that from any other lease or pool, give commingling order number:

IV. COMPLETION DATA

| | | | | | | | | |
|------------------------------------|-------------------------------------|----------|-------------------------------------|----------|--------|-----------|-------------|--------------|
| Designate Type of Completion - (X) | Oil Well | Gas Well | New Well | Workover | Deepen | Plug Back | Same Res'v. | Diff. Res'v. |
| | <input checked="" type="checkbox"/> | | <input checked="" type="checkbox"/> | | | | | |

| | | | |
|--|-----------------------------|-----------------|-------------------|
| Date Spudded | Date Compl. Ready to Prod. | Total Depth | P.B.T.D. |
| 5-8-68 | | 5900' | 5866' |
| Elevations (DF, RKB, RT, GR, etc.) | Name of Producing Formation | Top Oil/Gas Pay | Tubing Depth |
| 3318' RKB | Teague Blinebry | 5418' | 5688' |
| Perforations | | | Depth Casing Shoe |
| 5418-20', 5473-75', 5550-52', 5614-16' and 5654-56' | | | 5899' |

TUBING, CASING, AND CEMENTING RECORD

| | | | |
|---------------|----------------------|--------------|--------------------|
| HCLE SIZE | CASING & TUBING SIZE | DEPTH SET | SACKS CEMENT |
| 11" | 8-5/8" 24.00 | 912' | 350 sx circ |
| 7-7/8" | 5-1/2" 15.50 | 5899' | 440 sx |
| | 2-3/8" 4.70 | 5688' | |

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 | Date of Test | Producing Method (Flow, pump, gas lift, etc.) | |
| 6-2-68 | 6-4-68 | Pump | |
| Length of Test | Tubing Pressure | Casing Pressure | Choke Size |
| 24 hr | 54 | - - | 36/64" |
| Actual Prod. During Test | Oil-Bbls. | Water-Bbls. | Gas-MCF |
| 332 | 168 | 164 | 200 |

GAS WELL Well produced 161 BO prior to 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.

C. E. Fidler
(Signature) **C. E. Fidler**
Area Engineer
(Title)
June 5, 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.