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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

AUG 13 4 40 AM '68

I. Operator **Gulf Oil Corporation**

Address **P. O. Box 980, Kermit, Texas 79745**

Reason(s) for filing (Check proper box) ☒ New Well ☐ Recompletion ☐ Change in Ownership ☐ Change in Transporter of: ☐ Oil ☐ Casinghead Gas ☐ Dry Gas ☐ Condensate

Other (Please explain)

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name C. E. Lamnyon	Well No. 41	Pool Name, Including Formation Teague Blinebry	Kind of Lease State, Federal or Fee Federal	Lease No. LC 030187
Location Unit Letter M ; 860 Feet From The South Line and 660 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"/> Shell Pipe Line Corporation	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1910, Midland, Texas					
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					
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)	<input checked="" type="checkbox"/> Oil Well	<input type="checkbox"/> Gas Well	<input checked="" type="checkbox"/> New Well	<input type="checkbox"/> Workover	<input type="checkbox"/> Deepen	<input type="checkbox"/> Plug Back	<input type="checkbox"/> Same Res'v.	<input type="checkbox"/> Diff. Res'v.
Date Spudded 6-12-68	Date Compl. Ready to Prod. 7-9-68		Total Depth 6300'		P.B.T.D. 5750'			
Elevations (DF, RKB, RT, GR, etc.) 3321' RKB	Name of Producing Formation Blinebry		Top Oil/Gas Pay 5427'		Tubing Depth 5711'			
Perforations 5427-29', 5494-96', 5542-44', 5621-23', 5703-05'					Depth Casing Shoe 6300'			
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 906 6300 5711		SACKS CEMENT 350 ex Class C 510 ex Class E			

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 7-15-68	Date of Test 8-5-68	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 hours	Tubing Pressure 50	Casing Pressure 50	Choke Size 2"
Actual Prod. During Test 239	Oil-Bbls. 32	Water-Bbls. 207	Gas-MCF 49

GAS WELL Total oil prior to test: **267 bbls.**

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)
H. F. Swannack
Area Production Manager

August 7, 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 m completed wells.