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LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRORATION OFFICE	

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

JUN 17 24 AM '69

Operator Gulf Oil Corporation	
Address P. O. Box 980, Kermit, Texas 79745	
Reason(s) for filing (Check proper box)	
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"/>
Other (Please explain)	

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name C. E. Lamunyon	Well No. 44	Pool Name, Including Formation Teague Blinebry	Kind of Lease State, Federal or Fee Federal LC	Lease No. 030187
Location				
Unit Letter D	660	Feet From The North	Line and 660	Feet From The West
Line or Section 22	Township 23S	Range 37E	County Lee	

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 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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
X				X					
Date Spudded 5-20-69	Date Compl. Ready to Prod. 6-12-69	Total Depth 5900'		P.B.T.D. 5853'					
Elevations (DF, RKB, RT, GR, etc.) 3305' KB	Name of Producing Formation Blinebry	Top Oil/Gas Pay 5390'		Tubing Depth 5839'					
Perforations 5390-92', 5440-42', 5487-89', 5650-52', 5708-10', 5756-58' & 5810-12'				Depth Casing Shoe 5900'					
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT				
11 1/2"	8-5/8" 24.00		903'		350 sx circ				
7-7/8"	5-1/2" 15.50		5900'		440 sx				
	2-3/8" 4.70		5839'		--				

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 6-13-69	Date of Test 6-15-69	Producing Method (Flow, pump, gas lift, etc.) Flow	
Length of Test 24 hours	Tubing Pressure 290	Casing Pressure 1060	Choke Size 32/64"
Actual Prod. During Test 595	Oil - Bbls. 394	Water - Bbls. 201	Gas - MCF 258

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

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
(Title)

June 16, 1969
(Date)

OIL CONSERVATION COMMISSION

APPROVED

BY

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.

