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U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRODUCTION 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-1  
Effective 1-1-65

Operator  
**GULF OIL CORPORATION**

Address  
**P. O. Box 670, Hobbs, New Mexico 88240**

Reason(s) for filing (Check proper box)

New Well ☒ Change In Transporter of:  
Recompletion ☐ Oil ☐ Dry Gas ☐  
Change In Ownership ☐ Casinghead Gas ☐ Condensate ☐

Other (Please explain)

**Allowable**

If change of ownership give name  
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name <b>C. E. LaMunyon</b>	Well No. <b>45</b>	Pool Name, including Formation <b>North Teague Devonian</b>	Kind of Lease State, Federal or Free <b>Federal</b>	Lease No. <b>LC-03018</b>
Location Unit Letter <b>D</b> : <b>500</b> Feet From The <b>North</b> Line and <b>990</b> Feet From The <b>West</b> Line of Section <b>27</b> Township <b>23-S</b> Range <b>37-E</b> , NMPM, <b>Lea</b> 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"/> <b>Shell Pipe Line Company</b>	Address (Give address to which approved copy of this form is to be sent) <b>P. O. Box 1910, Midland, Texas 79701</b>					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> <b>El Paso Natural Gas Company</b>	Address (Give address to which approved copy of this form is to be sent) <b>P. O. Box 1384, Jal, New Mexico 88252</b>					
If well produces oil or liquids, give location of tanks.	Unit <b>B</b>	Sec. <b>28</b>	Twp. <b>23S</b>	Rge. <b>37E</b>	Is gas actually connected? <b>Yes</b>	When <b>8-29-78</b>

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 <b>6-30-78</b>	Date Compl. Ready to Prod. <b>9-1-78</b>		Total Depth <b>7600'</b>		P.B.T.D. <b>7578'</b>			
Elevations (DF, RKB, RT, CR, etc.) <b>3286' GL</b>	Name of Producing Formation <b>Devonian</b>		Top Oil/Gas Pay <b>7247'</b>		Tubing Depth <b>7540'</b>			
Perforations <b>7247' - 7427'</b>					Depth Casing Shoe			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
<b>12-1/4"</b>	<b>8-5/8" - 24# &amp; 32#</b>		<b>1182'</b>		<b>500 sx - Circulated</b>			
<b>7-7/8"</b>	<b>5-1/2" - 17# &amp; 15.50#</b>		<b>7600'</b>		<b>2190 sx - Circulated</b>			
	<b>2-3/8"</b>		<b>7540'</b>					

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 <b>9-1-78</b>	Date of Test <b>9-5-78</b>	Producing Method (Flow, pump, gas lift, etc.) <b>Pumping</b>	
Length of Test <b>24 Hours</b>	Tubing Pressure <b>50#</b>	Casing Pressure <b>-</b>	Choke Size <b>2" WO</b>
Actual Prod. During Test <b>357 Bbls</b>	Oil-Bble. <b>123</b>	Water-Bble. <b>234</b>	Gas-MCF <b>-</b>

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bble. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, 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.

**A. P. Liles, Jr.**  
(Signature)

**Area Engineer**  
(Title)

**09-06-78**  
(Date)

OIL CONSERVATION COMMISSION

**SEP 7 1978**

APPROVED

BY

**SUPERVISOR DISTRICT 1**

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 deviated 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 multiple completed wells.

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