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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-105
Effective 1-1-65

Operator GULF OIL CORPORATION	
Address P. O. Box 670, Hobbs, NM 88240	
Reason(s) for filing (Check proper box)	Other (Please specify)
New Well <input checked="" type="checkbox"/>	Casinghead Gas MUST NOT BE FLARED AFTER 3/1/79 UNLESS AN EXCEPTION TO R-4076 IS OBTAINED.
Recompletion <input type="checkbox"/>	
Change in Ownership <input type="checkbox"/>	
Change in Transporter of:	
Oil <input type="checkbox"/>	Dry Gas <input type="checkbox"/>
Casinghead Gas <input type="checkbox"/>	Condensate <input type="checkbox"/>

If change of ownership give name and address of previous owner

THIS WELL HAS BEEN FLARED IN THE PAST
AND IT IS REQUESTED THAT YOU DO NOT FLARE
THIS WELL.

II. DESCRIPTION OF WELL AND LEASE

Lease Name C. E. LaMunyon	Well No. 47	Pool Name, including Formation North Teague Devonian	Kind of Lease State, Federal or Fee Federal	Lease No. LC-030187
Location				
Unit Letter E	2180	Feet From The North	Line and 560	Feet From The West
Line of Section 22	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 Pipeline Corporation	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1910, Midland, TX 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 1384, Jal, NM 88252					
If well produces oil or liquids, give location of tanks.	Unit B	Sec. 28	Twp. 23S	Rge. 37E	Is gas actually connected? No	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 11-28-78	Date Compl. Ready to Prod. 1-1-79		Total Depth 7500'		P.B.T.D. 7481'			
Elevations (DF, RKB, RT, GR, etc.) 3292' GL	Name of Producing Formation Devonian		Top Oil/225 Pay 7317'		Tubing Depth 7275'			
Perforations 7317' - 7368'					Depth Casing Shoe 7500'			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12-1/4"	8-5/8"		1097'		500 sx			
7-7/8"	5-1/2"		7500'		1050 sx			
	2-7/8"		7275'		-			

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 1-1-79	Date of Test 1-3-79	Producing Method (Flow, pump, gas lift, etc.) Flow	
Length of Test 8 hours	Tubing Pressure 850#	Casing Pressure -	Choke Size 15/64"
Actual Prod. During Test 269	Oil-Bbls. 263	Water-Bbls. 6	Gas-MCF -

Corrected Gravity 37.5°

GAS WELL

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. B. Sikes, Jr.
(Signature)

Area Engineer

(Title)

January 5, 1979

(Date)

OIL CONSERVATION COMMISSION

APPROVED

JAN 6 1979

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BY

John W. Runyan
Geologist

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 multiple completed wells.