

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
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-110
Effective 1-1-65

I. OPERATOR		CASINGHEAD GAS MUST NOT BE FLARED AFTER <u>6/1/79</u> UNLESS AN EXCEPTION TO R-4076 IS OBTAINED.	
Operator GULF OIL CORPORATION			
Address P. O. Box 670, Hobbs, NM 88240			
Reason(s) for filing (Check proper box)		Other (Please explain)	
New Well <input checked="" type="checkbox"/>	Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	New Well	
Recompletion <input type="checkbox"/>			
Change in Ownership <input type="checkbox"/>			

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE				League abo Gas R-6033	
Lease Name C. E. LaMunyon	Well No. 48	Pool Name, including Formation Undes. Abo - Abo	Kind of Lease State, Federal or Fee Federal	Lease No. LC-030187	
Location Unit Letter <u>B</u> ; <u>760</u> Feet From The <u>North</u> Line and <u>2310</u> Feet From The <u>East</u> Line of Section <u>27</u> Township <u>23-S</u> Range <u>37-E</u> , NMPM, <u>Lea</u> 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"/> Western Crude	Address (Give address to which approved copy of this form is to be sent) Box 1148, Midland, TX				
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)				
If well produces oil or liquids, give location of tanks.	Unit B	Sec. 27	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	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded 12-20-78	Date Compl. Ready to Prod. 3-1-79	Total Depth 7600'		P.B.T.D. 7265'				
Elevations (DF, RKB, RT, GR, etc.) 3278' GL	Name of Producing Formation Undes. Abo		Top Oil/Gas Pay 6687'		Tubing Depth 7034'			
Perforations 6687' - 7049'					Depth Casing Shoe -			

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12 1/2"	8-5/8" - 24.0#	1100'	500 sx - Circulate
7-7/8"	5 1/2" - 15.5#	7600'	1860 sx - Circ
	2-7/8"	7034'	

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 3-1-79	Date of Test 4-7-79	Producing Method (Flow, pump, gas lift, etc.) Ppg	
Length of Test 24 hr	Tubing Pressure -	Casing Pressure -	Choke Size 2" WO
Actual Prod. During Test 20	Oil-Bbls. 16	Water-Bbls. 4	Gas-MCF 60

GAS WELL

Corr Gvty: 35.7°

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

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.

N. O. Sikes, Jr.
(Signature)
Area Engineer
4-9-79
(Date)

OIL CONSERVATION COMMISSION
APPROVED APR 11 1979, 19
BY [Signature]
TITLE SUPERVISOR DISTRICT

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.

WELL NAME AND NUMBER

C. E. LaMunyon No. 48

LOCATION

760'FNL & 2310'FEL Section 27-T23S-R37E, Lea County, New Mexico

(Give Unit, Section, Township and Range)

OPERATOR

Gulf Oil Corporation

DRILLING CONTRACTOR

M-G-F Drilling Company, Inc.

The undersigned hereby certifies that he is an authorized representative of the drilling contractor who drilled the above-described well and that he has conducted deviation tests and obtained the following results:

Degrees @ Depth

1/2 @ 500

1/2 @ 512

1/2 @ 1100

3/4 @ 1512

3/4 @ 1750

1-3/4 @ 2010

2-1/2 @ 2130

3 @ 2267

2-1/4 @ 2282

1 @ 2500

1-1/4 @ 3010

1/4 @ 3235

1-3/4 @ 3545

1-3/4 @ 3741

1-1/2 @ 3870

Degrees @ Depth

1-1/2 @ 4493

1-3/4 @ 5019

1-1/2 @ 5415

2-1/2 @ 5730

2-1/2 @ 5915

2 @ 6164

1 @ 6340

1-3/4 @ 6682

2 @ 7280

3 @ 7600

Degrees @ Depth

Drilling Contractor

MGF Drilling Company, Inc.

By:

Subscribed and sworn to before me this 11 day of January, 1979

Notary Public

My Commission Expires: July 31, 1980

Midland County Texas