

OIL CONSERVATION DIVISIO  
P. O. BOX 2088  
SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

1. OPERATOR	
Operator Gulf Oil Corporation	
Address P. O. Box 670, Hobbs, NM 88240	
Reason(s) for filing (Check proper box)	
New Well <input type="checkbox"/>	Change in Transporter of:
Recompletion <input checked="" 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 \_\_\_\_\_

2. DESCRIPTION OF WELL AND LEASE

Lease Name C. E. LaMunyon	Well No. 49	Pool Name, Including Formation Imperial Tubb Drinkard	Kind of Lease State, Federal or Fee Fed	Lease No. LC030187
Location				
Unit Letter <u>H</u> : <u>2150</u> Feet From The <u>North</u> Line and <u>550</u> Feet From The <u>East</u>				
Line of Section <u>21</u> Township <u>23S</u> Range <u>37E</u> , NMPM, <u>Lea</u> County				

3. 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 Corp.	Address (Give address to which approved copy of this form is to be sent) 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	Address (Give address to which approved copy of this form is to be sent) Box 1492, El Paso, TX 79999					
If well produces oil or liquids, give location of tanks.	Unit B	Sec. 28	Twp. 23S	Rge. 37E	Is gas actually connected? Yes	When 2-17-83

If this production is commingled with that from any other lease or pool, give commingling order number: \_\_\_\_\_

4. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well <input 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. <input checked="" type="checkbox"/>
Date <del>XXXXXX</del> 12-7-82	Date Compl. Ready to Prod. 2-3-83		Total Depth 7600'		P.B.T.D. 7215'			
Elevations (DF, RAB, RT, CR, etc.) 3303' GL	Name of Producing Formation Drinkard		Top Oil/Gas Pay 5979'		Tubing Depth 6115'			
Perforations 6383'-6509' (plgd) 6413'-6780' (plgd) 6227'-6317', 5979'-6094'					Depth Casing Shoe			

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
No New Casing			

5. 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 2-3-83	Date of Test 2-23-83	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 hrs	Tubing Pressure 65#	Casing Pressure 75#	Choke Size ---
Actual Prod. During Test 34	Oil - Bbls. 11	Water - Bbls. 23	Gas - MCF 95

GAS WELL

API Gvty = 37.4°

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

6. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

R. D. Prite  
(Signature)

Area Engineer  
(Title)

2-24-83  
(Date)

OIL CONSERVATION DIVISION

APPROVED MAR 1 1983, 19

BY ORIGINAL SIGNED BY JERRY SEXTON  
DISTRICT I SUPERVISOR

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 deviate 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.