

DISTRIBUTION  
SANTA FE  
FILE  
U.S.O.S.  
PLANT  
LABORATORY  
OFFICE  
FEDERAL

NEW MEXICO OIL CONSERVATION DIVISION  
REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

APPROVED  
BY  
DATE

Oil Well No. 221  
Location Elm, 121st, New Mexico 88040

Owner Elm, 121st, New Mexico 88040  
Operator Elm, 121st, New Mexico 88040  
Lease No. Elm, 121st, New Mexico 88040

Production Elm, 121st, New Mexico 88040  
Injection Elm, 121st, New Mexico 88040

1. DESCRIPTION OF WELL  
Fast Cement Unit 121 Elmont Queen State B-2656  
C 640 South 1980 East  
2 243 37E 37E Lea

2. POSITION AND CHARACTER OF OIL AND NATURAL GAS INJECTION WELL

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10. APPROVED  
11. BY  
12. TITLE  
13. If there is no owner of the well, then the information given is based on the best knowledge and belief of the operator.  
14. All sections of the well must be completely filled out for a well to be considered a completed well.  
15. Fill out only the sections of the well that are needed for the well to be considered a completed well.  
16. Separate sections must be filled out for each production well completed well.

Area Superintendent  
September 20, 1967

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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

Operator <b>Getty Oil Company</b>	
Address <b>P. O. Box 249, Hobbs, New Mexico 88240</b>	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input checked="" type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>

If change of ownership give name and address of previous owner **Tidewater Oil Company, P. O. Box 249, Hobbs, New Mexico 88240**

I. DESCRIPTION OF WELL AND LEASE

Lease Name <b>East Eumont Unit 121</b>	Well No. Pool Name, Including Formation <b>Eumont Queen</b>	Kind of Lease State, Federal or Free State	Lease No. <b>B-2656</b>
Location Unit Letter <b>0</b> <b>660</b> Feet From The <b>South</b> Line and <b>1980</b> Feet From The <b>East</b>			
Line of Section <b>2</b> Township <b>20S</b> Range <b>37E</b> <b>37E</b> , NMPL, <b>Lea</b> County			

II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

INJECTION WELL

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
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 Sec. Twp. Rge. Is gas actually connected? When

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

V. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'ty.	Diff. Res'ty.
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.		
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay			Casing Depth		
Perforations			Depth Casing Shoe					
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET			SACKS CEMENT		

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	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

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

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.

C. P. Wade  
(Signature)

**Area Superintendent**  
(Title)

**September 30, 1967**  
(Date)

OIL CONSERVATION COMMISSION

APPROVED

BY

TITLE

OCT 3 1967  
19  
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.