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LAND OFFICE	
TRANSPORTER	OIL GAS
OPERATOR	
REGISTRATION OFFICE	

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

Form O-104  
 Supervisory OIL-101 and GAS-111  
 Effective 1-1-65

Operator Gulf Oil Corp.  
 Address P.O. Box 670, Hobbs NM 88240  
 Reason(s) for filing (Check proper box)  
 New Well  Change in Transporter of Oil  Oil  Dry Gas   
 Completion  Change in Ownership  Changehead Gas  Condensate   
 Other (Please explain) Change Field Name from Esmott oil to Eunice Monument Order No. R-7767  
 Change of ownership give name and address of previous owner \_\_\_\_\_

DESCRIPTION OF WELL AND LEASE  
 Well Name South Eunice Monument Well No. 290 Pool Name, including Formation Eunice Monument Kind of Lease Fee Lease No. \_\_\_\_\_  
 Location \_\_\_\_\_ State, Federal or Free \_\_\_\_\_  
 Unit Letter E ; 1650 Feet From The North Line and 990 Feet From The West \_\_\_\_\_  
 Line of Section 7 Township 21S Range 36E N.M.P.M. Lea County \_\_\_\_\_

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS  
 Name of Authorized Transporter of Oil  or Condensate   
Arco Pipeline Co. Address (Give address to which approved copy of this form is to be sent) Box 1190, Midland TX 79702  
 Name of Authorized Transporter of Changehead Gas  or Dry Gas   
Phillips Petroleum Co. Address (Give address to which approved copy of this form is to be sent) 4001 Fenbrook, Odessa TX 79761  
 Well produces oil or liquids, and location of tanks. Unit D Sec. 7 Twp. 21S Rge. 36E Is gas actually connected? Yes When Unknown

Its production is commingled with that from any other lease or pool, give commingling order number: \_\_\_\_\_  
 COMPLETION DATA  
 Designate Type of Completion - (X)  Oil Well  Gas Well  New Well  Workover  Deepen  Plug Back  Sore Break  Plug Repair  
 Date Spudded \_\_\_\_\_ Date Compl. Ready to Prod. \_\_\_\_\_ Total Depth \_\_\_\_\_ P.O.T.D. \_\_\_\_\_  
 Completions (DF, RKD, RT, CR, etc.) \_\_\_\_\_ Name of Producing Formation \_\_\_\_\_ Top Oil/Gas Pay \_\_\_\_\_ Tubing Depth \_\_\_\_\_  
 Locations \_\_\_\_\_ Depth Casing Shoe \_\_\_\_\_

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

TEST DATA AND REQUEST FOR ALLOWABLE  
 TEST WELL (Test must be after recovery of total volume of lost oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)  
 Date of Test \_\_\_\_\_ Producing Method (Flow, pump, gas lift, etc.) \_\_\_\_\_  
 Length of Test \_\_\_\_\_ Tubing Pressure \_\_\_\_\_ Casing Pressure \_\_\_\_\_ Choke Size \_\_\_\_\_  
 Initial Prod. During Test \_\_\_\_\_ Oil - Bbls. \_\_\_\_\_ Water - Bbls. \_\_\_\_\_ Gas - MCF \_\_\_\_\_

SHUT-IN WELL  
 Date Prod. Test - MCF/D \_\_\_\_\_ Length of Test \_\_\_\_\_ Bbls. Condensate/MCF \_\_\_\_\_ Gravity of Condensate \_\_\_\_\_  
 Shut-in Method (Pilot, back pr.) \_\_\_\_\_ Tubing Pressure (shut-in) \_\_\_\_\_ Casing Pressure (shut-in) \_\_\_\_\_ Choke Size \_\_\_\_\_

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 is true and complete to the best of my knowledge and belief.  
RD Pite  
 (Signature)  
AREA ENGINEER  
 (Title)  
3-29-85  
 (Date)

OIL CONSERVATION COMMISSION  
 APR - 3 1985  
 APPROVED \_\_\_\_\_, 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 production 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 re-completed wells.  
 Fill out only Sections I, II, III, and VI for change of owner, with name or number of transportation line with change of facilities.