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 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  
 Supersedes O-104 and O-111  
 Effective 1-1-65

*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  Gas   
 Completion  Change in Ownership  Other (Please explain) *Change Field Name from Eynott 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 *Eunice Monument* Well No. *166* Pool Name, including Formation *Eunice Monument* Kind of Lease *State* Lease No. *B-230*  
 location *South*  
 Unit Letter *M* : *660* Feet From The *South* Line and *660* Feet From The *West*  
 Line of Section *36* Township *20S* Range *36E* County *Lea*

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS  
 Name of Authorized Transporter of Oil  or Condensate  *Shell Pipeline Co.* Address (Give address to which approved copy of this form is to be sent) *Box 1910, Midland, TX 79701*  
 Name of Authorized Transporter of Gas  or Dry Gas  *Phillips Petroleum Co.* Address (Give address to which approved copy of this form is to be sent) *4001 Penbrook, Odessa, TX 79761*  
 well produces oil or liquids, and location of tanks. Unit *N* Sec. *36* Twp. *20S* Rge. *36E* Is gas actually connected? *Yes* when *Unknown*

THIS 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 Heels  Full Recovery  
 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 \_\_\_\_\_ Testing Depth \_\_\_\_\_  
 Completions \_\_\_\_\_ Depth Casing Shoe \_\_\_\_\_

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of land oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)  
 Date of 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-Dble. \_\_\_\_\_ Water-Dble. \_\_\_\_\_ GOR-MCF \_\_\_\_\_

3 WELLS  
 Date of Prod. Test - MCF/D \_\_\_\_\_ Length of Test \_\_\_\_\_ Dble. Condensate/MCF \_\_\_\_\_ Gravity of Condensate \_\_\_\_\_  
 Testing Method (prior, 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 on this form is true and complete to the best of my knowledge and belief.  
*RD Pate*  
 (Signature)  
 AREA ENGINEER  
 (Title)  
 3-29-85  
 (Date)

OIL CONSERVATION COMMISSION  
 APR - 3 1985  
 APPROVED \_\_\_\_\_  
 BY ORIGINAL SIGNED BY JERRY SEXTON  
 DISTRICT 1 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 or new and recompleting wells.  
 Fill out only Sections I, II, III, and VI for changes of owner, with names of members of the governing body of the land owner.

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APR - 2 1985

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