

NO. OF WELLS REQUESTED	
DISTRIBUTION	
WARRANTY	
WELL	
W.D.A.	
WARRANTY OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
LOCATION OFFICE	

OIL CONSERVATION DIVISION

P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator
Texaco Producing Inc.

Address
PO Box 728, Hobbs, New Mexico 88240

Reason(s) for filing (Check proper box) Other (Please explain)

<input type="checkbox"/> New Well	Change in Transporter of:	<input type="checkbox"/> Dry Gas
<input type="checkbox"/> Recompletion		<input checked="" type="checkbox"/> Oil
<input type="checkbox"/> Change in Ownership		<input type="checkbox"/> Casinghead Gas
		<input type="checkbox"/> Condensate

If change of ownership give name and address of previous owner _____

DESCRIPTION OF WELL AND LEASE

Well Name East Eumont Unit	Well No. 32	Pool Name, Including Formation Eumont Yates 7-Rivers Queen	Kind of Lease State, Federal or Fee State	Lease No. E-6574
Location Unit Letter <u>E</u> 1980 Feet From The <u>North</u> Line and <u>660</u> Feet From The <u>West</u>	Line of Section <u>10</u>	Township <u>19S</u>	Range <u>37E</u>	NMPM, <u>Lea</u> County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

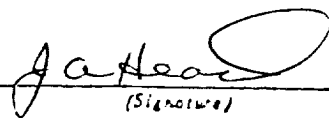
Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Texas New Mexico Pipeline Co. (00-5-1951)	Address (Give address to which approved copy of this form is to be sent) PO Box 2528, Hobbs, New Mexico 88240
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Warren Petroleum Corp.	Address (Give address to which approved copy of this form is to be sent) PO Box 1589, Tulsa, OK 74102
Well produces oil or liquids, or location of tanks.	Unit <u>M</u> Sec. <u>3</u> Twp. <u>19S</u> Rge. <u>37E</u>
Is gas actually connected? Yes	When 1957

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

NOTE: Complete Parts IV and V on reverse side if necessary.

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 is true and complete to the best of my knowledge and belief.


(Signature)
Area Superintendent 397-3571
(Title)
7-25-88
(Date)

OIL CONSERVATION DIVISION
APPROVED JUL 27 1988, 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 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.

IV. COMPLETION DATA

Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Restv.	Diff. Restv
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			Tubing 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 (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)

OIL WELL			
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/MCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size

RECEIVED

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