

DEPARTMENT	
DIVISION	
SANTA FE	
FILE	
S.O.B.	
AND OFFICE	
TRANSPORTER	OIL
PERATOR	GAS
LOCATION OFFICE	

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

Form C-104  
Revised 10-01-78  
Format 00-01-83  
Page 1

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)  
☐ New Well  
☐ Recompletion  
☐ Change in Ownership  
Change in Transporter of:  
☒ Oil  
☐ Gashead Gas  
☐ Dry Gas  
☐ Condensate  
Other (Please explain)

Change of ownership give name and address of previous owner

DESCRIPTION OF WELL AND LEASE  
Well Name  
East Eumont Unit  
Well No.  
37  
Pool Name, including Formation  
Eumont Yates 7-Rivers Queen  
Kind of Lease  
State, Federal or Fee State  
Lease No.  
B-243  
Location  
Unit Letter A : 660 Feet From The North Line and 990 Feet From The East  
Line of Section 16 Township 19S Range 37E NMPM, Lea County

I. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS  
Name of Authorized Transporter of Oil ☒ or Condensate ☐  
Texas New Mexico Pipeline Co. (0055-1951)  
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 Gashead Gas ☒ or Dry Gas ☐  
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, give location of tanks.  
Unit M Sec. 3 Twp. 19S Rge. 37E  
Is gas actually connected? Yes When 1956

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.

II. 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.

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

OIL CONSERVATION DIVISION

APPROVED  
ORIGINAL SIGNED BY JERRY SEXTON  
BY  
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 Res'v.	Diff. Res'v
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.			
Elevations (DF, RKB, RT, CR, 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)

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 (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

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