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LAND OFFICE	
TRANSPORTER	OIL GAS
OPERATOR	
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NEW MEXICO OIL CONSERVATION COMMISSION

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. OPERATOR

Operator: Gott's Oil Company

Address: P. O. Box 249, Hobbs, New Mexico 88240

Reason(s) for filing (Check proper box):

New Well Change in transporter of

Recompletion Dry Gas

Change in Ownership Condensate

If change of ownership give name and address of previous owner: Eldorado Oil Company, Box 249, Hobbs, New Mexico

II. DESCRIPTION OF WELL AND LEASE

Lease Name: East Hornet Unit Permit No.: 67 Permitting Agency: Dallas, Texas

Location: H 1980 North Line and 660 East

Line of Section: 28 Township: 19S Range: 37E County: Lea

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil: Texas New Mexico Pipeline Co. Address: Box 1510, Midland, Texas

Name of Authorized Transporter of Natural Gas: Phillips Petroleum Co. Address: Phillips Bldg., Odessa, Texas

Does well produce oil or liquids, give location of tanks: H 28 19 37 It was actually completed? Yes

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

IV. COMPLETION DATA

Designate Type of Completion - (X) Flow

Date Spudded: _____ Total Depth: _____

Elevators (D", RAB, EI, GP, etc.): _____ Top Oil/Gas Pay: _____

Perforations: _____ Depth Measuring Size: _____

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: _____ Shut-in Pressure: _____ Casing Pressure: _____ Choke Size: _____

Actual Prod. During Test: _____ Water-Bbls.: _____ Gas-MCF: _____

GAS WELL

Actual Prod. Test-MCF/D: _____ Length of Test: _____ Bbls. Condensate/MCF: _____ Gravity of Condensate: _____

Testing Method (pilot, back pn): _____ Shut-in 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.

P. J. Wade
Signature

Title

Date

OIL CONSERVATION COMMISSION

APPROVED _____, 19____

BY [Signature]

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.