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U.S.G.S.
LAND OFFICE
TRANSPORTER <input type="checkbox"/> OIL <input type="checkbox"/> GAS
OPERATOR
PRODUCTION (FIELD)

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

Form O-104
 Supersedes Old O-104 and
 Effective 1-1-65

Gottly Oil Company

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

Reason for Change of Ownership	Other (State and explain)
New Well <input type="checkbox"/>	Change in Transporter of:
Resignation <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input checked="" type="checkbox"/>	Injected Gas <input type="checkbox"/> Condensate <input type="checkbox"/>

If change of ownership give name and address of previous owner: **Tidewater Oil Company, Box 249, Hobbs, N. M.**

II. DESCRIPTION OF WELL AND LEASE

Section	or Well Part Name, including Formation	County	State	Well No.
East Eumont Unit	96 Eumont Queen			B-2277
Section	Foot From The	Line and	Section	
K 2330	South	2310	West	
Line of Section	Range	Range	Lea	
35	198	37E		

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS INJECTION WELL

Name (Give name of transporter of gas or condensate)	Address (Give address to which copies of this form are to be sent)
Addressed transporter of injected Gas or Dry Gas	Address (Give address to which copies of this form are to be sent)
Sec. Twp. Rge.	Is transporter by contract?

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

IV. COMPLETION DATA

Designate Type of Completion - A)	Oil Well	Gas Well	New Well	Year Drilled
Perforations	Date Comp. Ready to Prod.	Total Depth		
Section and A, B, C, etc. (if any)	Name of Producing Formation	Top Oil/Gas Pay	Flow Test	
Perforations			Perforation Depth	

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 produced oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)

Date of Test	Producing Method (State, pump, gas lift, etc.)	
Perforations	Casing Pressure	Well Size
Actual Depth (Shut-in)	Water - Bbls.	Gas - MCF

GAS WELL

Perforations (Depth - Feet)	Length of Test	Bbls. Condensate - MASE	Quantity of Condensate
Casing (Depth - Feet)	Piping Pressure (Shut-in)	Casing Pressure (Shut-in)	Well 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.

[Signature]
 Signature

APPROVED
 Title

Sept. 30, 1967
 Date

OIL CONSERVATION COMMISSION

APPROVED _____ 19____
 BY _____
 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 deviated tests taken on the well in accordance with RULE 1111.
 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 O-104 must be filed for each pool in multiple completed wells.