

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

Form C-104
Revised 10-01-78
Format 06-01-83
Page 1

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

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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PROMOTION OFFICE	

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I.

Operator
TEXACO Producing Inc.

Address
P. O. Box 728, Hobbs, New Mexico 88240

Reason(s) for filing (Check proper box)

<input type="checkbox"/> New Well	Change in Transporter of:	<input type="checkbox"/> Dry Gas	Other (Please explain) <u>Change of Operator from Getty to TEXACO Producing Inc. 12/31/84</u>
<input type="checkbox"/> Recompletion	<input type="checkbox"/> Oil	<input type="checkbox"/> Condensate	
<input checked="" type="checkbox"/> Change in Ownership	<input type="checkbox"/> Casinghead Gas		

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>East Eumont Unit</u>	Well No. <u>117</u>	Pool Name, including Formation <u>Eumont Yates 7-Rivers Queen</u>	Kind of Lease <u>State, Federal or Fee State</u>	Lease No. <u>B-2656</u>
Location				
Unit Letter <u>I</u>	<u>660</u> Feet From The <u>East</u> Line and <u>1980</u> Feet From The <u>South</u>			
Line of Section <u>2</u>	Township <u>20S</u>	Range <u>37E</u>	, NMPM, <u>Lea</u>	County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/> <u>Injection</u>	Address (Give address to which approved copy of this form is to be sent)
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When

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.

VI. 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.

W. B. Loh

(Signature)

District Operations Manager

(Title)

April 4, 1985

(Date)

OIL CONSERVATION DIVISION

APPROVED James S. Lipton 6/1, 19 85

BY James S. Lipton
TITLE DISTRICT 1 SUPERVISOR

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 deviatoric 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.

NEW MEXICO OIL CONSERVATION COMMISSION

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OPERATOR	

5a. Indicate Type of Lease
 State Fee

5. State Oil & Gas Lease No.
 B-2656

SUNDRY NOTICES AND REPORTS ON WELLS
 DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO REFINER OR PLUG BACK TO A DIFFERENT RESERVOIR.
 USE APPLICATION FOR PERMIT TO DRILL (FORM C-101) FOR SUCH PROPOSALS.

1. OIL WELL GAS WELL OTHER- WATER INJECTION

7. Unit Agreement Name

2. Name of Operator
 GETTY OIL COMPANY

8. Form or Lease Name
 EAST EUMONT UNIT

3. Address of Operator
 P. O. Box 249, Hobbs, New Mexico 88240

9. Well No.
 117

4. Location of Well
 UNIT LETTER I 1980 FEET FROM THE SOUTH LINE AND 660 FEET FROM
 THE EAST LINE, SECTION 2 TOWNSHIP 20-S RANGE 39-E NMPM.

10. Field and Pool, or Wellnet
 Eumont Y-Tri-Q

15. Elevation (Show whether DF, RT, CR, etc.)

12. County
 Lea

16. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK

TEMPORARILY ABANDON

PULL OR ALTER CASING

OTHER

PLUG AND ABANDON

CHANGE PLANS

SUBSEQUENT REPORT OF:

REMEDIAL WORK

COMMENCE DRILLING OPS.

CASING TEST AND CEMENT JOB

OTHER FILL CELLAR WITH SAND

ALTERING CASING

PLUG AND ABANDONMENT

17. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1703.

Installed risers to ground level on all strings. Attached permanent identification tags to each. Filled cellar with sand. Job completed April 13, 1976.

NOTE: Cellar inspected before filling by Mr. Leslie Clements w/NMOCC.

18. I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNED Ed Wade TITLE Area Superintendent DATE MAY 7, 1976

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

RECEIVED

MAY 18 1976

U.S. DEPARTMENT OF COMMERCE
WASHINGTON, D. C.