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NEW MEXICO OIL CONSERVATION COMMISSION

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HOBBS  
Aug 9 9 30 AM '67  
Form C-103  
Supersedes Old  
C-102 and C-103  
Effective 1-1-65  
State of N. M.

5a. Indicate Type of Lease  
State NM Fee   
5. State Oil & Gas Lease No.  
3-2886

SUNDRY NOTICES AND REPORTS ON WELLS

(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT -" (FORM C-101) FOR SUCH PROPOSALS.)

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER- <input type="checkbox"/>	7. Unit Agreement Name
2. Name of Operator <u>Tideater Oil Company</u>	8. Farm or Lease Name <u>East Eumont Unit</u>
3. Address of Operator <u>Box 249, Hobbs, New Mexico</u>	9. Well No. <u>121</u>
4. Location of Well UNIT LETTER <u>0</u> FEET FROM THE <u>South</u> LINE AND <u>190</u> FEET FROM THE <u>East</u> LINE, SECTION <u>2</u> TOWNSHIP <u>28S</u> RANGE <u>12E</u> NMPM.	10. Field and Pool, or Wildcat <u>Eumont</u>
15. Elevation (Show whether DF, RT, GR, etc.) <u>3405 RT</u>	12. County <u>Lea</u>

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

NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>
OTHER <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
	CASING TEST AND CEMENT JOB <input type="checkbox"/>
	OTHER <u>Convert to injection well</u> <input checked="" type="checkbox"/>

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 1103.

**Pulled tubing and packer, ran bit and scraper to 382'. Set 2-1/2" internally plastic coated tubing at 343', and Johnson 121-2 packer at 3407'.**

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

SIGNED C. A. Wade TITLE Area Supt. DATE 8-8-67  
 APPROVED BY \_\_\_\_\_ TITLE ENGINEER DISTRICT No. 1 DATE AUG 9 1967  
 CONDITIONS OF APPROVAL, IF ANY:

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10-1-50

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NEW MEXICO OIL CONSERVATION COMMISSION  
REQUEST FOR ALLOWABLE  
AND

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

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS  
5-OCC  
1-Midland  
1-File

Aug 19 11 43 AM '65

I. Operator **Tidewater Oil Company**  
Address **Box 249, Hobbs, New Mexico**  
Reason(s) for filing (Check proper box) Other (Please explain)  
New Well  Change in Transporter of:  
Recompletion  Oil  Dry Gas   
Change in Ownership  Casinghead Gas  Condensate

If change of ownership give name and address of previous owner \_\_\_\_\_

II. DESCRIPTION OF WELL AND LEASE

Lease Name	<b>East Emont Unit</b>	Well No.	<b>121</b>	Pool Name, Including Formation	<b>Emont Queen</b>	Kind of Lease	State, Federal or Fee	<b>State</b>	
Location									
Unit Letter	<b>0</b>	<b>660</b>	Feet From The	<b>South</b>	Line and	<b>1980</b>	Feet From The	<b>East</b>	
Line of Section	<b>2</b>	Township	<b>20 S</b>	Range	<b>37 E</b>	NMPM,	<b>Lea</b>	County	

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	<b>Texas New Mexico Pipe Line Company</b>	Address (Give address to which approved copy of this form is to be sent)	<b>Box 1510, Midland, Texas</b>				
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	<b>Warren Petroleum Corporation</b>	Address (Give address to which approved copy of this form is to be sent)	<b>Monument, New Mexico</b>				
If well produces oil or liquids, give location of tanks.	Unit <b>0</b>	Sec. <b>2</b>	Twp. <b>25</b>	Rge. <b>37</b>	Is gas actually connected?	<b>Yes</b>	When <b>3-15-63</b>

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)	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.		
Pool	Name of Producing Formation		Top Oil/Gas Pay			Tubing Depth		
Perforations						Depth Casing Shoe		
<b>TUBING, CASING, AND CEMENTING RECORD</b>								
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	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	Casing Pressure	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.

Original Signed By

**C. L. WADE**

**Area Supt.**

**August 18, 1965**

(Signature)

(Title)

(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 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 Sections I, II, III, and VI only 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.