

WISCONSIN OIL CONSERVATION BOARD

REQUEST FOR ALLOWANCE

AND

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Grant No. 1007

E. O. No. 1007, 1957, New Mexico 88240

Wheeler Oil Company, P. O. Box 610, Hobbs, New Mexico 88240

East Eumont	122	Eumont Queen	State
P	650	South	East
2	205	East	East

DESIGNATION OF COMPANY TO WHICH OIL AND NATURAL GAS

Texas New Mexico Pipeline Co, Shell Pipeline Co. Box 1510, Midland, Tex. Box 1910, Midland, Tex.
 Warren Petroleum Co. Box 57, Manzano, New Mexico

P 35 19 37 Yes

VI. COMPLETION DATA

TUBING, CASING, AND CEMENTING RECORD

VII. TEST DATA AND SUMMARY OF ALLOWABLE

Test must be after recovery of test fluid and shall be available for this depth or be for a greater depth.

VIII. CERTIFICATION OF INFORMATION

I hereby certify that the information furnished to the Oil Conservation Commission is true and correct to the best of my knowledge and belief.

Area Superintendent

August 20, 1957

APPROVED

BY

TITLE

This form is to be filled out for each well with OWS 1004. If this is a new well, it should be filled out for a newly drilled or deepened well. This form must be filled out for a reevaluation of the existing tests for an existing well. All sections of the well must be drilled and completed to a depth of at least 100 feet. Full scale tests must be run and all for changes in well head pressure. Separate tests must be run for each production completion hole.

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

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

Operator _____

Address **Getty Oil Company**
P. O. Box 249, Hobbs, New Mexico 88240

Reason(s) for filing (Check proper box):
 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: **Midvester Oil Company, P. O. Box 249, Hobbs, New Mexico 88240**

DESCRIPTION OF WELL AND LEASE

Lease Name East Eumont Unit	Well No. 122	Pool Name, Including Formation Eumont Queen	Kind of Lease State, Federal, or Free	State Lea	Lease No.
Location Unit Letter P 660 Feet From The South Line and 660 Feet From The East	Line of Section 2	Township 20S	Range 37E	County Lea	

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Texas New Mexico Pipeline Co, Shell Pipeline Co.	Address (Give address to which approved copy of this form is to be sent) Box 1510, Midland, Tex., Box 1910, Midland, Tex.
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Warren Petroleum Co.	Address (Give address to which approved copy of this form is to be sent) Box 67, Monument, New Mexico
If well produces oil or liquids, give location of tanks. Unit P Sec. 35 Twp. 19 Rge. 37	Is gas actually commingled? Yes

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

VI. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'ty.	Diff. Res'ty.	
Date Spudded	Date Compl. Ready to Prod.		Total Depth		B.H.T.D.				
Elevations (DF, RKB, RI, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Testing Depth				
Perforations						Depth Drilling Shoe			

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	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

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.

C. L. Wade
 (Signature)
 Area Superintendent
 September 30, 1967
 (Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19____
 BY [Signature]
 TITLE 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 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.