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LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
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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 **Getty 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 Oil Dry Gas
 Change in Ownership Casinghead Gas Condensate

If change of ownership give name and address of previous owner **Tidewater Oil Company, P. O. Box 49, Hobbs, New Mexico 88240**

Lease Name	Well No.	Pool Name, including Formation	Kind of Lease	Lease No.
Eastumont Unit	12	Eastumont Queen	Fee	
Location				
Unit Letter C	330	Fees From The North Line and 2310 Feet From The West		
Line of Section 4	Township 19S	Range 37E , NMPM,	Lee	County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS
 Name of Authorized Transporter of Oil or Condensate
Texas New Mexico Pipeline Address (Give address to which approved copy of this form is to be sent)
Box 1510, Midland, Texas
 Name of Authorized Transporter of Casinghead Gas or Dry Gas
Warren Petroleum Co. Address (Give address to which approved copy of this form is to be sent)
Box 61, Hobbs, New Mexico
 If well produces oil or liquids, give location of tanks. Unit **C** Sec. **4** Twp. **19** Rge. **37** Is gas actually connected? **Yes** When **1957**

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't.	Diff. Res't.
<input checked="" type="checkbox"/>								
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.		
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay			Tubing Depth		
Perforations						Depth Casing Shoe		
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET			SACKS CEMENT		

VII. 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. J. Wade
 Area Superintendent
 September 30, 1967
 (Date)

OIL CONSERVATION COMMISSION

OCT 8 1967

APPROVED _____
 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 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.

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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

5-OCC
 1-Midland
 1-File

APPROVED JUL 13 7 45 AM '65

I. Operator: **Tidewater Oil Company**
 Address: **Box 249, Hobbs, New Mexico**
 Reason(s) for filing (Check proper box):
 New Well Change in Transporter of:
 Recompletion Oil Dry Gas **Formerly Schermerhorn's Linam F #1**
 Change in ownership Casinghead Gas Condensate

If change of ownership give name and address of previous owner: **Schermerhorn c/o Apco Oil Corp., Box 1841, Oklahoma City, Okla.**

II. DESCRIPTION OF WELL AND LEASE

Lease Name	East Eumont Unit	Well No.	12	Pool Name, including Formation	Eumont Queen	Kind of Lease		Fee	
Location	Unit Letter C	330 Feet From The	North Line and	2310 Feet From The	West	Line of Section	4	Township	19 S
						Range	37 E	N.M.M.	Lea 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"/>	Texas New Mexico Pipe Line Company	Address (Give address to which approved copy of this form is to be sent)	Box 1510, Midland, Texas
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Warren Petroleum Corporation	Address (Give address to which approved copy of this form is to be sent)	Monument, New Mexico
If well produces oil or liquids, give location of tanks.	Unit C	Sec. 4	Twp. 19
		Rge. 37	Is gas actually connected? Yes
			When 1957

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)	<input checked="" type="checkbox"/> Oil Well	<input type="checkbox"/> Gas Well	<input type="checkbox"/> New Well	<input type="checkbox"/> Workover	<input type="checkbox"/> Deepen	<input type="checkbox"/> Plug Back	<input type="checkbox"/> Same Restv.	<input type="checkbox"/> Diff. Restv.
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	
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	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:
B. M. BREINING

(Signature)

Area Engineer

(Title)

July 13, 1965

(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19 _____

BY _____

TITLE _____

This form is to be filed in compliance with RULE 1104.

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All sections of this form must be filled out completely for allowable on new and recompleted wells.

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