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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 O-104  
 Supersedes OMC-101 and OMC-102  
 Effective 1-1-65

Operator Gulf Oil Corp.  
 Address P.O. Box 670, Hobbs NM 88240  
 Reason(s) for filing (Check proper box)  
 New Well  Change in Transporter of Oil  Dry Gas   
 Completion  Oil  Condensate   
 Change in Ownership  Casinghead Gas  Other (Please explain) Change Field Name from Eymott oil to Eunice Monument Order No. R-7767  
 Change of ownership give name and address of previous owner \_\_\_\_\_

**DESCRIPTION OF WELL AND LEASE**  
 Lease Name South Eunice Monument Well No. 349 Pool Name, including Formation Eunice Monument Kind of Lease State Federal or Fee 6230-1 Lease No. \_\_\_\_\_  
 Location Unit Letter T : 1980 Feet From The South Line and 660 Feet From The West Line of Section 6 Township 21S Range 36E , N.M.P.M. Lea County \_\_\_\_\_

**DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS**  
 Name of Authorized Transporter of Oil  or Condensate  Shell Pipeline Co. Address (Give address to which approved copy of this form is to be sent) Box 1910, Midland TX 79701  
 Name of Authorized Transporter of Casinghead Gas  or Dry Gas  Phillips Petroleum Co. Address (Give address to which approved copy of this form is to be sent) 4001 Penbrook, Odessa TX 79761  
 Does well produce oil or liquids, give location of tanks. Unit T Soc. 6 Twp. 21S Rge. 36E Is gas actually connected? Yes When Unknown

Does this production commingle with that from any other lease or pool, give commingling order number: \_\_\_\_\_  
**COMPLETION DATA**

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Shore Break	Partial Reviv.
_____	_____	_____	_____	_____	_____	_____	_____	_____
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.D.T.D.		
Locations (DF, RKB, RT, CR, etc.)	Name of Producing Formation		Top Oil/Gas Pay			Tubing Depth		
Locations	Depth Casing Shoe							

**TUBING, CASING, AND CEMENTING RECORD**

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

**TEST DATA AND REQUEST FOR ALLOWABLE (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

**AS WELL,**

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Sub-in)	Casing Pressure (Sub-in)	Choke Size

**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.  
R.D. Pite  
 (Signature)  
**AREA ENGINEER**  
 (Title)  
3-29-85  
 (Date)

**OIL CONSERVATION COMMISSION**  
**APR - 3 1985**  
 APPROVED \_\_\_\_\_, 19\_\_\_\_  
 BY **JERRY SEXTON**  
**DISTRICT I SUPERVISOR**  
 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 logs taken on the well in accordance with RULE 111.  
 All portions of this form must be filled out completely for allowable on new and deepened wells.  
 Fill out only Sections I, II, III, and VI for change of owner, well name or number, or transporter, or other such change of condition.

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O.C.D.  
HOBBS OFFICE

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

Form O-104  
 Supersedes OIL C-101 and C-  
 Effective 1-1-85

UNIT DISTRICT	
COUNTY	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL GAS
OPERATOR	
PRODUCTION OFFICE	

Operator Shell Oil Corporation  
 Address P O Box 670, Hobbs, NM 88240  
 Reason(s) for filing (Check proper box)  
 New Well  Change In Transporter of Oil   
 Recompletion  Oil  Dry Gas   
 Change In Ownership  Casinghead Gas  Condensate   
 Other (Please explain) Change Lease Name and Spell Number effective 2-1-85  
RR Bull (NCT-D) No. 1  
 If change of ownership give name and address of previous owner \_\_\_\_\_

DESCRIPTION OF WELL AND LEASE  
 Lease Name Cunice Monument South Well No. 249 Pool Name, Including Formation Cunice Monument Kind of Lease (State Federal or Fee) B-230-1 Lease No. \_\_\_\_\_  
 Location \_\_\_\_\_  
 Unit Letter T ; 1980 Feet From The South Line and 668 Feet From The West \_\_\_\_\_  
 Line of Section 6 Township 21-S Range 36-E , N.M.P.M. Lea County \_\_\_\_\_

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS  
 Name of Authorized Transporter of Oil  or Condensate   
Shell Pipe Line Company Address (Give address to which approved copy of this form is to be sent) Box 1910 Midland Tx 79701  
 Name of Authorized Transporter of Casinghead Gas  or Dry Gas   
Phillips Petroleum Company Address (Give address to which approved copy of this form is to be sent) 4001 Denbrook Odessa Tx 79761  
 If well produces oil or liquids, give location of tanks. Unit T Sec. 6 Twp. 21S Rge. 36E Is gas actually connected? Yes when Unknown

(If this production is commingled with that from any other lease or pool, give commingling order number: \_\_\_\_\_)  
 COMPLETION DATA  

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Stim. Treat.
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.D.T.D.		
Devotions (DF, RSD, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Testing Depth		
Perforations						Depth Casing Shoe	

TUBING, CASING, AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of lost 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/MCF	Gravity of Condensate
Testing Method (spot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size

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 here is true and complete to the best of my knowledge and belief.  
RDPrite  
 (Signature)  
 AREA ENGINEER  
 (Title)  
 1-21-85  
 (Date)

OIL CONSERVATION COMMISSION  
 APPROVED MAR 15 1985, 19\_\_\_\_  
 BY \_\_\_\_\_  
 ORIGINAL SIGNED BY JERRY SIMTON  
 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 gravel 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 re-completed wells.  
 Fill out only Sections I, II, III, and VI for change of owner, well name or number, or transporter, or other such change of conditions.

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