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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-5104  
 Supersedes OIL-5101 and O-11  
 Effective 1-1-65

*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  Other (Please explain) *Change Field Name from Eumot Oil to Eunice Monument Order No. R-7767*  
 Recompletion  Oil  Dry Gas   
 Change in Ownership  Casinghead Gas  Condensate

Change of ownership give name and address of previous owner

DESCRIPTION OF WELL AND LEASE:  
 Well Name *South Eunice Monument Unit 289* Well No. *289* Pool Name, including Formation *Eunice Monument* Kind of Lease *Fee* Lease No.  
 Location *Unit Letter D ; 330 Feet From The North Line and 990 Feet From The West*  
 Line of Section *7* Township *21S* Range *36E* N.M.P.S. *Lea* County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS  
 Name of Authorized Transporter of Oil  or Condensate  *Arco Pipeline Co.* Address (Give address to which approved copy of this form is to be sent) *Box 1190, 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 Perlerook, Odessa, TX 79761*  
 Well produces oil or liquids, give location of tanks. Unit *D* Sec. *7* 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  Sure Heave  Full Heave   
 Date Spudded \_\_\_\_\_ Date Compl. Ready to Prod. \_\_\_\_\_ Total Depth \_\_\_\_\_ P.O.T.D. \_\_\_\_\_  
 Evaluations (DF, RKB, RT, CR, etc.) \_\_\_\_\_ Name of Producing Formation \_\_\_\_\_ Top Oil/Gas Pay \_\_\_\_\_ Testing Depth \_\_\_\_\_  
 Perforations \_\_\_\_\_ Depth Casing Shoe \_\_\_\_\_

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)

TEST DATA AND REQUEST FOR ALLOWABLE  
 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 \_\_\_\_\_  
 Initial Prod. During Test \_\_\_\_\_ Oil-Bbls. \_\_\_\_\_ Water-Bbls. \_\_\_\_\_ Gas-MCF \_\_\_\_\_

TEST DATA AND REQUEST FOR ALLOWABLE  
 Initial Prod. Test-MCF/D \_\_\_\_\_ Length of Test \_\_\_\_\_ Dble. Condensate/MCF \_\_\_\_\_ Gravity of Condensate \_\_\_\_\_  
 Testing Method (pilot, 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 herein is true and complete to the best of my knowledge and belief.  
*R.D. Pitzer*  
 (Signature)  
 AREA ENGINEER  
 (Title)  
 3-29-85  
 (Date)

OIL CONSERVATION COMMISSION  
 APPROVED *APR - 3 1985*  
 BY *ORIGINAL SIGNED BY JERRY SEXTON*  
 DISTRICT I SUPERVISOR  
 TITLE \_\_\_\_\_  
 This form is to be filed in compliance with RULE 1104.  
 If this is a request for allowables for a newly drilled or deepened well, this form must be accompanied by a tabulation of the production logs taken on the well in accordance with RULE 111.  
 All sections of this form must be filled out completely for allowables on new and re-completed wells.  
 Fill out only Sections I, II, III, and VI for changes of owner, with name of minority shareholder if other than the operator.