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TRANSPORTER	OIL GAS
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7  
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

Address \_\_\_\_\_  
Reason(s) for filing (Check proper box)  
New Well ☐ Change in Transporter ☐  
Recompletion ☐ Gas ☐ Dry Gas ☐  
Change in Ownership ☐ Gashead Gas ☐ Condensate ☐  
If change of ownership give name and address of previous owner \_\_\_\_\_

**DESCRIPTION OF WELL AND LEASE**  
Lease Name \_\_\_\_\_ Unit \_\_\_\_\_ Well Name \_\_\_\_\_ State \_\_\_\_\_ Lease \_\_\_\_\_  
Location \_\_\_\_\_ East Eumont 2 Eumont Queen  
Unit Letter G 2310 Feet From The North Line and 1980 Feet From The East  
Line of Section 33 Township 18S Range 37E N.M.P.M. Lea County

**I. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS**  
Name of Authorized Transporter of Oil \_\_\_\_\_ Address (Give address to which approved copy of this form is to be sent)  
Name of Authorized Transporter of Gashead Gas \_\_\_\_\_ Box 67, Monument, New Mexico  
If well produces oil or liquids, give location of tanks. H 33 18 37 Yes 1957

**V. COMPLETION DATA**  
Designate Type of Completion -- (X)  
Date Spudded \_\_\_\_\_ Date Compl. Ready to Prod. \_\_\_\_\_  
Elevations (DF, RKB, RT, GR, etc.) \_\_\_\_\_ Name of Producing Formation \_\_\_\_\_  
Perforations \_\_\_\_\_  
**TUBING, CASING, AND CEMENTING RECORD**  
HOLE SIZE \_\_\_\_\_ CASING & TUBING SIZE \_\_\_\_\_ DEPTH SET \_\_\_\_\_ SACKS CEMENT \_\_\_\_\_

**V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL**  
Date First New Oil Run To Tanks \_\_\_\_\_ Date of Test \_\_\_\_\_ Producing Method (Flow, pump, gas lift, etc.) \_\_\_\_\_  
Length of Test \_\_\_\_\_ Casing Pressure \_\_\_\_\_ Choke Size \_\_\_\_\_  
Actual Prod. During Test \_\_\_\_\_ Oil-Bbls. \_\_\_\_\_ Water-Bbls. \_\_\_\_\_ Gas-MMCF \_\_\_\_\_

**GAS WELL**  
Actual Prod. Test-MMCF/D \_\_\_\_\_ Length of Test \_\_\_\_\_ Bbls. Condensate/MMCF \_\_\_\_\_ Gravity of Condensate \_\_\_\_\_  
Testing Method (pitot, back prod.) \_\_\_\_\_ 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.  
\_\_\_\_\_  
(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 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.