

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

Form C-104
Revised 10-01-78
Format 06-01-83
Page 1

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator
Texaco Producing Inc.

Address
PO Box 728, Hobbs, New Mexico 88240

Reason(s) for filing (Check proper box)

<input type="checkbox"/> New Well	Change in Transporter of:	Other (Please explain)
<input type="checkbox"/> Recompletion	<input checked="" type="checkbox"/> Oil	
<input type="checkbox"/> Change in Ownership	<input type="checkbox"/> Casinghead Gas	
	<input type="checkbox"/> Dry Gas	
	<input type="checkbox"/> Condensate	

If change of ownership give name and address of previous owner

I. DESCRIPTION OF WELL AND LEASE

Lease Name East Eumont Unit	Well No. 3	Pool Name, including Formation Eumont Yates 7-Rivers Queen	Kind of Lease State, Federal or Fee State	Lease No. E-7183
Location				
Unit Letter H	2310	Feet From The North	Line and 990	Feet From The East
Line of Section 33	Township 18S	Range 37E	NMPM.	Lea County

II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

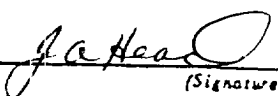
Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Texas New Mexico Pipeline Co. (0055-1951)	Address (Give address to which approved copy of this form is to be sent) PO Box 2528, Hobbs, New Mexico 88240
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Warren Petroleum Corp.	Address (Give address to which approved copy of this form is to be sent) PO Box 1589, Tulsa, OK 74102
If well produces oil or liquids, give location of tanks.	Is gas actually connected? When
Unit M	Sec. 3
Twp. 19S	Rgs. 37#
Yes	1957

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

OTE: Complete Parts IV and V on reverse side if necessary.

III. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given is true and complete to the best of my knowledge and belief.


(Signature)
Area Superintendent 397-3571
(Title)
7-25-88
(Date)

OIL CONSERVATION DIVISION

APPROVED _____, 19____
ORIGINAL SIGNED BY JERRY SEXTON
BY _____ 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 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.

V. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v
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

V. 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)

OIL WELL		Producing Method (Flow, pump, gas lift, etc.)	
Date First New Oil Run To Tanks	Date of Test		
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

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

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