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AND OFFICE	
TRANSPORTER	OIL GAS
OPERATOR	
PRODUCTION OFFICE	
Operator	

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 Getty Oil Company

Reason(s) for filing (Check proper box) Change in Transporter of Oil Gas Condensate

Change in Ownership Give name and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name East Eumont Unit 3 Eumont Queen Kind of Lease State Lease No. E7183

Location H 2310 Feet From The North Line and 990 Feet From The East

Line of Section 33 Township 18S Range 37E MMPM Lea County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil Texas New Mexico Pipeline Co. Address (Give address to which approved copy of this form is to be sent) Box 67, Monument, New Mexico

Name of Authorized Transporter of Gas Warren Petroleum Co. Address (Give address to which approved copy of this form is to be sent) Box 67, Monument, New Mexico

If well produces oil or liquids, give location of tanks. H 33 18 37 Yes 1957

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 Refractured Well New Well Refractured Deepen Plug Back Same Reservoir Diff. Reservoir

Date Spudded _____ Date Completed _____ Total Depth _____

Elevations (D.F., RKB, RT, GR, etc.) _____ Name of Producing Formation _____ Top Oil/Gas Flow _____ 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 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

I. 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. F. Wade
(Signature)
(Title)
(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19____
BY [Signature]
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.