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LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRORATION OFFICE	

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

Operator	Gulf Oil Company		
Address	P. O. Box 214, Odessa, Texas		
Reason(s) for filing (Check proper box)	Other (Please explain)		
New Well	<input type="checkbox"/>	Change in Transporter	<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	<input type="checkbox"/>
If change of ownership give name and address of previous owner			

DESCRIPTION OF WELL AND LEASE		Well No.	Pool No. or Commingling Formation	Kind of Lease	Lease No.
Lease Name	Unit			State, Federal or Fee	State
East Eumont	9		Eumont Queen		B8567
Location					
Unit Letter	0	660	Feet From The	South	1650
Line of Section	33	Township	18S	Range	37E
				NMPM	Lea
					County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS		Address (Give address to which approved copy of this form is to be sent)	
Name of Authorized Transporter of Oil	<input type="checkbox"/>	Texas Petroleum Corp.	
Name of Authorized Transporter of Casinghead Gas	<input checked="" type="checkbox"/>	Phillips Petroleum Co.	
		Phillips Bldg., Odessa, Texas	
If well produces oil or liquids, give location of tanks.	Unit	Sec.	33
	P		37
			Yes
			1957

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

7. COMPLETION DATA		Oil Well	Gas Well	Deepen	Plug Back	Same Depth	Diff. Depth
Designate Type of Completion - (X)							
Date Spudded	Date Compl. Ready to Drill	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 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

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.

A. J. Ward
Area Controller (Signature)

September 14, 1964
(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19____
BY [Signature]
TITLE Area Controller

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.