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

NEW 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	
Getty Oil Company	
Address	
P. O. Box 249, Hobbs, New Mexico 88240	
Reason(s) for filing (Check proper box) (Other: Please explain)	
New Well <input type="checkbox"/>	Change in Transporter <input type="checkbox"/>
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Gas <input type="checkbox"/>
Change in Ownership <input checked="" type="checkbox"/>	Gashead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>

If change of ownership give name and address of previous owner: Eldorado Oil Company, P. O. Box 249, Hobbs, New Mexico 88240

DESCRIPTION OF WELL AND LEASE						
Lease Name	Unit	Well No. Pool No.	Leasing Information	Kind of Lease	Fee	Lease No.
East Eumont	8	Eumont Queen		State, Federal or Fee		
Location						
Unit Letter	N	660	Feet From The	South	Line and	2310
Line of Section			33	Transtop	18S	37E
				NMCM	Lea	County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS		WELL SHUT IN	
Name of Authorized Transporter of Oil	or Condensate	Address (Give address to which approved copy of this form is to be sent)	
Name of Authorized Transporter of Gashead Gas	or Condensate	Address (Give address to which approved copy of this form is to be sent)	
If well produces oil or liquids, give location of tanks.			

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

COMPLETION DATA			
Designate Type of Completion -- (X)	Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Gashead <input type="checkbox"/> Reover <input type="checkbox"/> Deepen <input type="checkbox"/> Plug Back <input type="checkbox"/> Same Reover <input type="checkbox"/> Diff. Reover <input type="checkbox"/>		
Date Spudded	Date Compl. Ready to Test	Total Depth	F.B.T.D.
Elevations (DE, RKB, RT, GR, etc.)	Name of Producing Formation	Top of Gas	Testing Depth
Perforations		Depth of 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 24 hours	
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Testing 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 prod.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

VI. CERTIFICATE OF COMPLIANCE		OIL CONSERVATION COMMISSION	
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.		APPROVED _____, 19__	
Area Superintendent (Signature)		BY _____	
September 30, 1967 (Date)		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.	