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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 1-1-63

I. OPERATOR

Operator New Mexico Oil Co.

Address P. O. Box 910, Hobbs, New Mexico 88240

Reason(s) for filing (Check proper box):

New Well	<input type="checkbox"/>	Change in Transporter of	<input type="checkbox"/>
Recompletion	<input 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 New Mexico Oil Co., P.O. Box 910, Hobbs, New Mexico

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Unit	Well Name, Including Formation	State of Lease	Lease
<u>Eastumont</u>	<u>23</u>	<u>Eastumont Queen</u>	<u>State</u>	<u>Fee</u>
Location	Unit Letter	1982	Feet From The	South
	<u>L</u>		<u>660</u>	<u>West</u>
Line of Section	<u>3</u>	Township	<u>19S</u>	Range
			<u>37E</u>	<u>10a</u>

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil	<input checked="" type="checkbox"/> or Condensate	Address (Give address to which approved copy of this form is to be sent)
<u>Texas New Mexico Pipeline Co.</u>		<u>Box 1810, Midland, Texas</u>
Name of Authorized Transporter of Casinghead Gas	<input type="checkbox"/> or Dry Gas	Address (Give address to which approved copy of this form is to be sent)
<u>Phillips Petroleum Co.</u>		<u>Phillips Bldg., Okla. City, Okla.</u>
If well produces oil or liquids, give location of tanks.	Unit	Sec.
	<u>M</u>	<u>3</u>
	<u>19</u>	<u>37</u>
		<u>Yes</u>

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

IV. COMPLETION DATA

Designate Type of Completion - (X)	Full Well	Partial Well	Flow Well	Water Well	Deeper	Shut-in	Shut-in	Shut-in
Date Spudded	Date Compl. Ready to Prod.	Date	Date	Date	Date	Date	Date	Date
Elevations (DE, KKB, RT, GR, etc.)	Time of Completion	Time of Completion	Time of Completion	Time of Completion	Time of Completion	Time of Completion	Time of Completion	Time of Completion
Perforations								

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
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.
		Gas - MCF

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MCF	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.

C. E. W. L. L. L.
(Signature)
Area Superintendent
(Title)
September 30, 1967
(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 deepener 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.