VERGY AND MINERALS DEPARTMEN	OIL CONSERVAT	TION DIVISION			
DISTRIBUTION	P. O. BOX	2088			ors C-103
SANTA FE	SANTA FE, NEW I	MEXICO 87501		H	levised 10-1-7
FILE	• •		ſ	Sa. Indicate Type of 1	euso
U.S.O.S.	0+2 - NMOCD - P.O.	Box 1980 1 -	Foreman	State	F X
LAND OFFICE	Hobbs, NM 8	8240	EF		
OPERATOR	l - Engr RH	1 -	File	5. State Oil & Gas Le	058 NO.
	1 - Engr. Tech.	- BB <u>1-</u>	BW		
	Y NOTICES AND REPORTS ON Y OSALS TO DHILL OR TO DEEPEN OR PLUG BA ON FOR PERMIT _" FORM C-1011 FOR SUCH	CK TO A DIFFERENT RESERV	WLG		
				7. Unit Agreement No	me
OIL X GAS	0THER-		2	EAST EUMONT U	JNIT
Name of Operator				8. Farm or Lease Na	ne
Getty Oil Company			• ;	EAST EUMONT (	JNIT
Address of Operator				9. Well No.	
	os, NM 88240			17	
				10, Field and Pool,	or Wildcat
Location of Well				Eumont-Quee	n-7R
UNIT LETTER F	1739 FEET FROM THE North	LINE AND	FEET FROM	hummin	mmm
		•		$\mathcal{A}$	HHHHH
THE West LINE, SECTION	0N TOWHSHIP 19-S	RANGE <u>37-E</u>	NMPM.	$\boldsymbol{\nabla}$	
				VIIIIII	<i>+++++++</i>
	15. Elevation (Show whether l	DF, RT, GR, etc.)		12. County Lea	HHHHH.
	3697.25' D	F		Lea	7777777
· Chack	Appropriate Box To Indicate N	ature of Notice Re	port or Oth	her Data	
	TENTION TO:			REPORT OF:	·
NOTICE OF II	TENTION TO:				
	PLUG AND ABANDON	REMEDIAL WORK	Ē	ALTERING	CASING
ERFORM REMEDIAL WORK	PLUG AND ABANDON		님		ABANDONMENT
EMPORARILY ABANDON	·	COMMENCE DRILLING OPH		PLUG AND	ABAADVAMENT
ULL OR ALTER CASING	CHANGE PLANS	CASING TEST AND CEMENT			• •
		OTHER		· · · · · · · · · · · · · · · · · · ·	
Shut well in	X				

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This well was flowing gas and a small amount of oil until water began to invade the wellbore. An AFE to install pumping equipment was approved, but upon entering the well an obstruction was encountered at 3860'.

This well is SI pending evaluation.

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18. I horeby contify t	all . Stemmerd	omplete to the best of my knowledge and belief.	0ATE2/23/82
- for Da	JERRY SEXTON		<b>FEB 26 1982</b>
CONDITIONS OF A	PPROVAL, IF ANYI Provide Automatical	es 2/26/83	

	NO. OF COPIES RECEIVED			-	
	DISTRIBUTION		CONSERVATION COMMIS	At a submission in the submission of the submiss	ba_`
	SANTA FE		FOR ALLOWABLE		04 es Old C-104 and C-110
	FILE	KEQ0E31	AND	Effective	
	U.S.G.S.	AUTHORIZATION TO TR		TURAL GAS	
	LAND OFFICE	-			
	TRANSPORTER OIL	-			
	GAS	-			
	OPERATOR PRORATION OFFICE	-			
1.	Openation .				
	Getty OLL Company				
	ddress P. O. Box 249, Hobbs, New Marcian 88240				
	leason(s) for filing (Check proper box) Other (Please explain)				
	New Well	Change in Transporter of:			
	Recompletion	Oil Dry G	as		
	Change in Ownership	Casinghead Gas Conde	nsate		
	If change of ownership give name and address of previous owner	Tidewater Oli Company,	P	bbs, New Macloc 88	240
II.	DESCRIPTION OF WELL AND	LEASE Well No. Pool Name, Including F	langtion .	ind of Lease	
	-	Unit	s	tate, Federal or Fee <b>Fee</b>	Lease Nc.
	Location	ont 17 Emont	Queen		l
	Unit Letter ; ;	Feet From The North Li	ne and 2304	Feet From The West	
	Line of Section 4 To	wnship 198 Range	37E , NMPM,	Lon	County
m	DESIGNATION OF TRANSPOR	TEP OF OUL AND NATURAL G	46		
422.	Name of Authorized Transporter of OI			which approved copy of this for	m is to be sent)
		WALLED ATDENTISE	BOK 1510, N	Laland, Totas	
	Name of Authorized Transporter of Car	singhead Gas 🔀 👔 or Dry Gas 🗔	Address (Give address to Box 67,	which approved copy of this for	
	If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge.	Is gas actually connected'		
	If this production is commingled wi	th that from any other lease or pool,			
		• • •	Brie committering order in		
IV.	COMPLETION DATA	Oil Well Gas Well	New Well Workover		e Res'v. Diff. Res'v.
IV.	COMPLETION DATA Designate Type of Completion	on — (X) Oil Well Gas Well	New Well Workover	Deepen Plug Back Sam	e Res'v. Diff. Res'v.
IV.	COMPLETION DATA	Oil Well Gas Well			e Res'v. Diff. Res'v.
IV.	COMPLETION DATA Designate Type of Completio Date Spudded	on - (X) Date Compl. Ready to Prod.	New Well Workover	Deepen Plug Back Sam	e Res'v. Diff. Res'v.
IV.	COMPLETION DATA Designate Type of Completion	on — (X) Oil Well Gas Well	New Well Workover	Deepen Plug Back Sam	e Res'v. Diff. Res'v.
IV.	COMPLETION DATA Designate Type of Completio Date Spudded	on - (X) Date Compl. Ready to Prod.	New Well Workover	Deepen Plug Back Sam	
IV.	COMPLETION DATA Designate Type of Completio Date Spudded Elevations (DF, RKB, RT, GR, etc.)	on - (X) Date Compl. Ready to Prod.	New Well Workover	Deepen Plug Back Sam P.B.T.D. Tubing Depth	
IV.	COMPLETION DATA Designate Type of Completio Date Spudded Elevations (DF, RKB, RT, GR, etc.)	Date Compl. Ready to Prod.	New Well Workover	Deepen Plug Back Sam P.B.T.D. Tubing Depth	
IV.	COMPLETION DATA Designate Type of Completio Date Spudded Elevations (DF, RKB, RT, GR, etc.)	Date Compl. Ready to Prod.	New Well Workover Total Depth Top Otl/Gas Pay	Deepen Plug Back Sam P.B.T.D. Tubing Depth Depth Casing She	
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V.	COMPLETION DATA Designate Type of Completion Date Spudded Elevations (DF, RKB, RT, GR, etc.) Perforations HOLE SIZE HOLE SIZE TEST DATA AND REQUEST Front Oil WELL Date First New Oil Run To Tanks Length of Test Actual Prod. During Test GAS WELL Actual Prod. Test-MCF/D Testing Method (pitot, back pr.) CERTIFICATE OF COMPLIANCE	Oil Well Gas Well On - (X) Date Compl. Ready to Prod. Name of Producing Formation TUBING, CASING, AN CASING & TUBING SIZE OR ALLOWABLE (Test must be able for this d Date of Test Tubing Pressure Oil-Bble. Length of Test Tubing Pressure(Shut-in) CE	New Well Workover Total Depth Top Oil/Gas Pay D CEMENTING RECORD DEPTH SET DEPTH SET Depth or be for full 24 hours) Producing Method (Flow, 1 Casing Pressure Water-Bbls. Bbls. Condensate/MMCF Casing Pressure (Shut-i OIL CO	Deepen Plug Back Sam P.B.T.D. Tubing Depth Depth Casing Sha SACKS SACKS of load oil and must be equal i bump, gas lift, etc.) Choke Size Gas-MCF Gravity of Conde B) Choke Size	De CEMENT To or exceed top allow-
v.	COMPLETION DATA Designate Type of Completion Date Spudded Elevations (DF, RKB, RT, GR, etc.) Perforations HOLE SIZE HOLE SIZE TEST DATA AND REQUEST Fro OIL WELL Date First New Oil Run To Tanks Length of Test Actual Prod. During Test GAS WELL Actual Prod. Test-MCF/D Testing Method (pitot, back pr.) CERTIFICATE OF COMPLIANCE I hereby certify that the rules and i Commission have been complied to	Date Compl. Ready to Prod. Date Compl. Ready to Prod. Name of Producing Formation TUBING, CASING, AN CASING & TUBING SIZE Date of Test Tubing Pressure Oil-Bbls. Length of Test Tubing Pressure (Shut-in) CE regulations of the Oil Conservation with and that the information given	New Well Workover Total Depth Top Oil/Gas Pay D CEMENTING RECORD DEPTH SET DEPTH SET Depth or be for full 24 hours) Producing Method (Flow, p Casing Pressure Water-Bbls. Bbls. Condensate/MMCF Casing Pressure (Shut-i OIL CO APPROVED	Deepen Plug Back Sam P.B.T.D. Tubing Depth Depth Casing Sha SACKS SACKS SACKS SACKS Gae-MCF Gravity of Conde B) Choke Size	De CEMENT To or exceed top allow-
v.	COMPLETION DATA Designate Type of Completio Date Spudded Elevations (DF, RKB, RT, GR, etc.) Perforations HOLE SIZE HOLE SIZE GAS WELL Actual Prod. During Test GAS WELL Actual Prod. Test-MCF/D Testing Method (pitot, back pr.) CERTIFICATE OF COMPLIANCE	Date Compl. Ready to Prod. Date Compl. Ready to Prod. Name of Producing Formation TUBING, CASING, AN CASING & TUBING SIZE Date of Test Tubing Pressure Oil-Bbls. Length of Test Tubing Pressure (Shut-in) CE regulations of the Oil Conservation with and that the information given	New Well Workover Total Depth Top Oil/Gas Pay D CEMENTING RECORD DEPTH SET DEPTH SET Depth or be for full 24 hours) Producing Method (Flow, p Casing Pressure Water-Bbls. Bbls. Condensate/MMCF Casing Pressure (Shut-i OIL CO APPROVED	Deepen Plug Back Sam P.B.T.D. Tubing Depth Depth Casing Sha SACKS SACKS SACKS SACKS Gae-MCF Gravity of Conde B) Choke Size	De CEMENT To or exceed top allow-

h.

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.

(Date)

Area Superintendent

September (90) 1967

C. . Made

. OF COP'ES RECEIVED						
DISTRIBUTION						
NTA FE	1	CONSERVATION COMMISSIC	Form C-104			
_E	REQUES	T FOR ALLOWABLE	Supersedes Old C-104 and C-11 Effective 1-1-85			
S.G.S.		AND RANSPORT OIL AND NATURAL	0. C.			
AND OFFICE		CANSI ORT OFE AND NATURAL				
RANSPORTER OIL	5-OCC 1-Hidland		4-25 M 66			
OPERATOR PRORATION OFFICE	l-File					
Cperator						
Address						
	Box 249, Hobbs, New Maxico					
Reason(s) for filling (Check proper bo New Well	ox) Ohange in Transporter of:	Cther Please explain)				
Recompletion	Cii Ciy Ciy					
Thunge in Twnership		ensute				
If change of ownership give name and address of previous owner						
. DESCRIPTION OF WELL ANI						
Lease Name <b>Bast Rumont U</b>		iame, Including Formation Exmont Queen	Kind of Lease State, Federal or Fee <b>Tae</b>			
Location						
Unit Letter	739 Feet From The North	me and <b>2304</b> Feet Fro	m. The <b>West</b>			
Line of Section 4 T	ownship <b>198</b> Range	37 <b>5</b> , 106756,	Lea County			
II. DESIGNATION OF TRANSPO	PTED OF OH AND NATURAL C	16				
Name of Authorized Transporter of C	or Condensate	Aloress (Give address to which app				
Texas New Mexico Pipe	Line Company Casinghead Gas X of Dry Gas	Box 1510, Midland,	Texas proved copy of this form is to be sent,			
Warren Petroleum Corp		Box 1589, Tulsa, Ck				
if well produces cil or liquids, give location of tanks.	Unit Sec. Two Ege. <b>B 4 19 37</b>	le sup actually connected?	When <b>1957</b>			
If this production is commingled v	with that from any other lease or pool		-//1			
V. COMPLETION DATA						
Designate Type of Complet						
Date Spudded	Date Compl. Ready to Frod.	Total Deptr	P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	, Name of Producing Formation	Thy Cil Gas Pay	Tubing Depth			
Perforations			Depth Casing Shoe			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT			
			SACKS CEMENT			
			· · · · · · · · · · _ · ~ ~ ~ ~ ~ ~ ~ ~ _ =  =  =  =  =  =  =  =  =  =			
V TEST DATA AND REQUEST	FOR ALLOWABLE (Test must be	after recovery of total volume of load a	oil and must be equal to or exceed top allow-			
OIL WELL	able for this a	depth or be for full 24 hours,				
Date First New Cil Run To Tanks	Date of Test	Producing Method (Flou, pump, gas	ilift, etc.)			
Length of Test	Tubing Pressure	Casing Pressure	Choke Size			
Actual Prod. During Test	Oil-Bbis.	Water-Bols.	Gas • MCF			
l						
GAS WELL						
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate			
Testing Method (pitot, back pr.)	Tubing Pressure	Casing Pressure	Choke Size			
VI. CERTIFICATE OF COMPLIA	NCF		VATION COMMISSION			
	I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given					
			, 19			
above is true and complete to t	he best of my knowledge and belief.					
		TITLE				
Original Signed	Bv		n compliance with RULE 1104.			
ער ד. שמשים סבגווטט קר ד. שמשים		If this is a request for all	lowable for a newly drilled or deepened			
	C. L. WADE (Signature)		well, this is a request for allowable for a newly diffed or deepend well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.			
Area Supt.		All sections of this form	must be filled out completely for allow-			
<b>January 21, 196</b>	Title) <b>K</b>	able on new and recompleted	wells.			
and the second sec	O Date/	Fill out only Sections I, well name or number, or transp	, II, III, and VI for changes of owner, porter, or other such change of condition.			

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.