

DEPARTMENT	
DIVISION	
SANTA FE	
FILE	
U.S.C.A.	
LAND OFFICE	
TRANSPORTER	OIL
OPERATOR	GAS
PRODUCTION OFFICE	

OIL CONSERVATION DIVISION
P. O. BOX 2028
SANTA FE, NEW MEXICO 87501

Form C-104
Revised 10-1-78
Form C-104-23
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REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. OPERATOR
Operator: Texaco Producing Inc.
Address: PO Box 728, Hobbs, New Mexico 88240
Persons to be filed (Check proper box):
☐ New Well
☐ Recompletion
☐ Change in Ownership
Change in Transporter of:
☒ Oil
☐ Gashead Gas
☐ Dry Gas
☐ Condensate
Other (Please explain): _____

If change of ownership give name and address of previous owner: _____

II. DESCRIPTION OF WELL AND LEASE
Lease Name: East Eumont Unit Well No.: 57 Pool Name, including Formation: Eumont Yates 7-Rivers Queen Kind of Lease: State, Federal or Fee Fee: _____ Lease No.: _____
Location:
Unit Letter: P : 990 Feet From The South Line and 330 Feet From The East
Line of Section: 21 Township: 19S Range: 37E NMPM, Lea County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS
Name of Authorized Transporter of Oil ☒ or Condensate ☐
Texas New Mexico Pipeline Co. (005-1951) Address (Give address to which approved copy of this form is to be sent): PO Box 2528, Hobbs, New Mexico 88240
Name of Authorized Transporter of Gashead Gas ☒ or Dry Gas ☐
Warren Petroleum Corp. Address (Give address to which approved copy of this form is to be sent): PO Box 1589, Tulsa, OK 74102
If well produces oil or liquids, give location of tanks: Unit: P Sec.: 21 Twp.: 19 Rge.: 37 Is gas actually connected? Yes When: 1957

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

NOTE: Complete Parts IV and V on reverse side if necessary.

VI. CERTIFICATE OF COMPLIANCE
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given is true and complete to the best of my knowledge and belief.
J. A. Head (Signature)
Area Superintendent 397-3571
(Title)
7-25-88 (Date)

OIL CONSERVATION DIVISION
APPROVED _____, 19____
BY ORIGINAL SIGNED BY JERRY SEXTON
TITLE DISTRICT MANAGER
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.

IV. COMPLETION DATA

Designate Type of Completion - (X)		Oil Well	Gas well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v
Date Spudded	Date Compl. Ready to Prod.	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/MCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

RECEIVED

JUL 26 1983

HOBBS DIST.