

TRANSPORTER	OIL
TRANSPORTER	DAS
PERMIT	
PERMIT	

OIL CONSERVATION DIVISION

P. O. BOX 2528

SANTA FE, NEW MEXICO 87501

Form O-104
Revised 10-1-76
Form O-104-83
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REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

4-0101

Texaco Producing Inc.

P. O. Box 728, Hobbs, New Mexico 88240

Reason(s) for filing (Check proper box)

☐ New Well ☐ Change in Transporter of:
☐ Recombination ☒ Oil ☐ Dry Gas
☐ Change in Ownership ☐ Gas-lifted Gas ☐ Condensate

Other (Please explain)

Name of ownership give name
Address of previous owner

DESCRIPTION OF WELL AND LEASE

Well Name: East Eumont Unit Well No.: 69 Pool Name, including Formation: Eumont Yates 7-Rivers Queen Kind of Lease: State, Federal or Fee State Lease No.: E-6888
Unit Letter: F 1980 Feet From The North Line and 1980 Feet From The West
Line of Section: 27 Township: 19S Range: 37E NMPM, Lea County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐
Texas New Mexico Pipeline Co. (0055-1951) Address (Give address to which approved copy of this form is to be sent): P.O. Box 2528, Hobbs, NM 88240
Name of Authorized Transporter of Gas-lifted Gas ☒ or Dry Gas ☐
Warren Petroleum Corp. Address (Give address to which approved copy of this form is to be sent): P. O. Box 1589, Tulsa, OK 74102

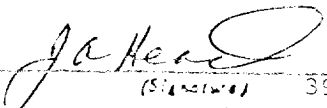
Well produces oil or liquids, or location of tanks.	Unit F	Sec. 27	Twp. 19	Rge. 37	Is gas actually connected? Yes	When
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If production is commingled with that from any other lease or pool, give commingling order number:

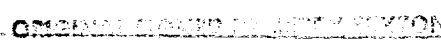
NOTE: Complete Parts IV and V on reverse side if necessary.

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.


(Signature) 397-3571
Hobbs Area Superintendent
(Title)
July 25, 1988
(Date)

OIL CONSERVATION DIVISION

APPROVED _____ 19 ____
BY: 
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 O-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	Comm. Reativ.	Drill. Reativ.
Date Spudded	Date Compl. Ready to Produce	Total Depth				P.B.T.D.			
Elevation (DF, RAB, 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 blowable for hole depth or be for full 24 hours)

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Long Hole 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 (pilot, back pr.)	Tubing Pressure (lb/in ²)	Casing Pressure (lb/in ²)	Choke Size