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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL GAS
OPERATOR	
REGISTRATION 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-105
Effective 1-1-55

I.

Gottly Oil Co.

Box 249, Hobbs, N. M.

Is this a new well? ☐ (check or check box)

Other address changes

New Well

Change in Transporter of:

Recompletion ☐

Oil

Dry Gas ☐

Change in ownership ☒

Casinghead Gas ☐

Condensate ☐

If change of ownership, give name
and address of previous owner

Tidewater Oil Co., Box 249, Hobbs, N. M.

II. DESCRIPTION OF WELL AND LEASE

Well Name	Well No.	Pool Name, Including Formation	Well Location	Lease No.
East Eumont Unit	98	Eumont Queen	Time of Drilling	E-6888
Direction	Year Began	Feet From The	Line and	Section
North	I 1980	South	660	East
Section	Township	Range	Range	Lease
35	19S	37E	37E	Lea

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

INJECTION WELL

Name of Transporter (Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which copies of this form is to be sent)			
Name of Transporter (Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which copies of this form is to be sent)			
Name of Producer of Oil or Liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.
				Is gas actually compressed

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)	Oil Well	Gas Well	New Well	Workover	Recompletion	Time Began	Time Ended
Date Started	Date Compl. Ready to Prod.	Total Depth	Well No.				
Flow Rate (bbl./hr.)	Name of Producing Formation	Top Oil/Gas Pay	Flowing Depth				
Flow Rate	Flowing Date						

TUBING, CASING, AND CEMENTING RECORD

HOLESIZE	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 of oil zone for this depth or be for full 24 hours)

Date Test Run (Flow to Tanks)	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Shoe Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MMCF

GAS WELL

Actual Prod. Test (MMCF)	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pump, back prod.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Shoe 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.

Area Supt.

Sept. 30, 1967

OIL CONSERVATION COMMISSION

APPROVED

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 deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 1101.

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.