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LAND OFFICE
TRANSPORTER
OIL
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OPERATOR

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-116
Effective 1-1-65

I. Gulf Oil Company
P. O. Box 670, Hobbs, New Mexico 88240

Reason for Filing: New Well ☐ Recompletion ☐ Change in Transporter of: Oil ☐ Dry Gas ☐ Casinghead Gas ☐ Condensate ☐

Other (Please explain): Transporter Oil Company, P. O. Box 670, Hobbs, New Mexico 88240

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease
East Eumont Unit	89	Eumont Queen	State E5558

Unit Letter A 660 Feet From The North Line and 988 Feet From The East

Section 25 Township 19S Range 37E NMPM, Lea County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS INJECTION WELL

Name of Authorized Transporter of Oil or Condensate: Address (Give address to which approved copy of this form is to be sent)

Name of Authorized Transporter of Casinghead Gas or Dry Gas: Address (Give address to which approved copy of this form is to be sent)

If well produces oil or liquids, give location of tanks. Is gas actually connected? When

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	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

CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

V. TEST DATA AND REQUEST FOR ALLOWABLE (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)

OIL WELL: Date First New Oil Run To Tanks: 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/MMCF: Gravity of Condensate:

Testing Method (pitot, back pressure, etc.): 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.

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 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.