

OIL CONSERVATION DIVISION

P. O. BOX 1058

SANTA FE, NEW MEXICO 87501

Form O-104
Revised 11-01-78
Formal O-041-83
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REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator _____

Address _____

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

Person(s) for filing (Check proper box) _____ Other (Please explain) _____

☐ New Well ☐ Change in Transporter of: ☐ Oil ☐ Dry Gas
☐ Recompletion ☐ Gas and Condensate ☐ Gas and Condensate
☐ Change in Ownership

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

I. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
East Eumont Unit	108	Eumont Yates 7-Rivers Queen	State, Federal or Fee State	B-2330
Location				
Unit Letter D	660	Feet From The North	Line and 660	Feet From The West
Line of Section 1	Township 20S	Range 37E	NMPM	Dea
County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

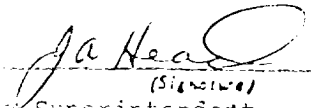
Name of Authorized Transporter of Oil (X) or Condensate ()	Address (Give address to which approved copy of this form is to be sent)
Texas New Mexico Pipeline Co. (0055-1951)	P. O. Box 2528, Hobbs, New Mexico 88240
Name of Authorized Transporter of Gas and Condensate (X) or Dry Gas ()	Address (Give address to which approved copy of this form is to be sent)
Warren Petroleum Corp.	P. O. Box 1589, Tulsa, Oklahoma 74102
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When
P 35 19 37	Yes 1956

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

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.


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

OIL CONSERVATION DIVISION

APPROVED  19

BY ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

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 Form 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	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 (Test must be after recovery of total volume of load oil and must be equal to or exceed top flowable 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

HOUSTON OFFICE