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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-110
1-1-65

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DUPLICATE

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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL GAS
OPERATOR	
PRORATION OFFICE	

Tidewater Oil Company

Address

Box 249, Hobbs, New Mexico 88240

Reason(s) for filing (Check proper box)

New Well ☐
Recompletion ☐
Change in Ownership ☐

Change in Transporter of:

Oil ☐ Dry Gas ☐
Casinghead Gas ☐ Condensate ☐

Other (Please explain)

Change in well number of East Eumont
Unit Well No. 132

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name East Eumont Unit	Well No. 915	Pool Name, Including Formation Eumont	Kind of Lease State, Federal or Fee State
Location Unit Letter K ; 1980 Feet From The South Line and 1980 Feet From The West Line of Section 2 , Township 20 Range 37 , NMPM, Lea County			

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> The Permian Corp.	Address (Give address to which approved copy of this form is to be sent) Box 3119, Midland, Texas		
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> Northern Natural Gas Co. (Dry Gas) Warren Petroleum Corp. (Csg. Gas)	Address (Give address to which approved copy of this form is to be sent) 2223 Dodge St., Omaha, Nebraska Box 1589, Tulsa, Oklahoma		
If well produces oil or liquids, give location of tanks.	Unit K	Sec. 2	Twp. 20 Rge. 37
	Is gas actually connected?		When 3-21-61

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.		
Pool	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/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure	Casing Pressure	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.

Original Signed By
G. L. WADE

(Signature)

Area Supt.

(Title)

November 21, 1966

(Date)

OIL CONSERVATION COMMISSION

APPROVED **NOV 28 1966**, 19

BY **WILLIAM A. LARSEN**

TITLE **SECRETARY**

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 Sections I, II, III, and VI only 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.