STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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Form C-104
Revised 10-01-78
Format 06-01-83
Page 1

OIL CONSERVATION DIVISION

P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I.

Operator
Texaco Producing Inc.

Address
PO Box 728, Hobbs, New Mexico 88240

Reason(s) for filing (Check proper box)
- [ ] New Well
- [ ] Recompletion
- [ ] Change in Ownership

Change in Transporter of:
- [x] Oil
- [ ] Dry Gas
- [ ] Casinghead Gas
- [ ] Condensate

Other (Please explain)

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease (State, Federal or Fee)	Lease No.
East Eumont Unit	116	Eumont Yates 7-Rivers Queen	State	B-2656

Location
Unit Letter J : 1980 Feet From The South Line and 1980 Feet From The East

Line of Section 2 Township 20S Range 37E , NMPM, Lea 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)	PO Box 2528, Hobbs, New Mexico 88240
Name of Authorized Transporter of Casinghead Gas [x] or Dry Gas [ ]	Address (Give address to which approved copy of this form is to be sent)
Warren Petroleum Corp.	PO Box 1589, Tulsa, OK 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	

If this 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.*

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)

Area Superintendent 397-3571
(Title)

7-25-88
(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 Forms C-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 allowable for this depth or be for full 24 hours)

OIL WELL

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 (Shut-in)	Casing Pressure (Shut-in)	Choke Size

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ENERGY AND MINERALS DEPARTMENT

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OIL CONSERVATION DIVISION

P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I.

Operator
TEXACO Producing Inc.

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

Reason(s) for filing (Check proper box)
- [ ] New Well
- [ ] Recompletion
- [x] Change in Ownership

Change in Transporter of:
- [ ] Oil
- [ ] Dry Gas
- [ ] Casinghead Gas
- [ ] Condensate

Other (Please explain)
Change of Operator from Getty to TEXACO Producing Inc. 12/31/84

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
East Eumont Unit	116	Eumont Yates 7-Riv. Queen	State, Federal or Fee STATE	B-2656

Location
Unit Letter J : 1980 Feet From The South Line and 1980 Feet From The East

Line of Section 2 Township 20S Range 37E , NMPM, Lea 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) Shell Pipeline Corp.	P.O. Box 2528, Hobbs, NM 88240 P.O. Box 1910, Midland, TX 79702
Name of Authorized Transporter of Casinghead Gas [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, OK 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	

If this 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.*

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.

W. B. [illegible]
(Signature)

District Operations Manager
(Title)

April 4, 1985
(Date)

OIL CONSERVATION DIVISION

APPROVED 6/1, 19 85

BY [signature]

TITLE DISTRICT I SUPERVISOR

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.

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Separate Forms C-104 must be filed for each pool in multiply completed wells.

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NEW MEXICO OIL CONSERVATION COMMISSION

Form C-103
Supersedes Old
C-102 and C-103
Effective 1-1-65

5a. Indicate Type of Lease: State [X] Fee [ ]

5. State Oil & Gas Lease No.: B-2656

SUNDRY NOTICES AND REPORTS ON WELLS

(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT —" (FORM C-101) FOR SUCH PROPOSALS.)

1. OIL WELL [X] GAS WELL [ ] OTHER-

7. Unit Agreement Name:

2. Name of Operator: GETTY OIL COMPANY

8. Farm or Lease Name: EAST EUMONT UNIT

3. Address of Operator: P. O. Box 249, Hobbs, New Mexico 88240

9. Well No.: 116

4. Location of Well: UNIT LETTER J, 1980 FEET FROM THE SOUTH LINE AND 1980 FEET FROM THE EAST LINE, SECTION 2 TOWNSHIP 20-S RANGE 37-E NMPM.

10. Field and Pool, or Wildcat: Eumont Y-7Ri-Q

15. Elevation (Show whether DF, RT, GR, etc.): 3609 GR

12. County: Lea

16. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK [ ]	PLUG AND ABANDON [ ]	REMEDIAL WORK [ ]	ALTERING CASING [ ]
TEMPORARILY ABANDON [ ]		COMMENCE DRILLING OPNS. [ ]	PLUG AND ABANDONMENT [ ]
PULL OR ALTER CASING [ ]	CHANGE PLANS [ ]	CASING TEST AND CEMENT JOB [ ]	
OTHER [ ]		OTHER FILL CELLAR WITH SAND [X]	

17. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

Installed risers to ground level on all strings. Attached permanent identification tags to each. Filled cellar with sand. Job completed April 15, 1976.

NOTE: Cellar inspected before filling by Mr. Leslie Clements w/NMOCC.

18. I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNED C. E. Wade TITLE Area Superintendent DATE MAY 6, 1976

APPROVED BY _____ TITLE _____ DATE MAY 13 1976

CONDITIONS OF APPROVAL, IF ANY: