

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.O.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PROMOTION OFFICE	

OIL CONSERVATION DIVISION

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

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

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)

<input type="checkbox"/> New Well	Change in Transporter of:	<input type="checkbox"/> Dry Gas
<input type="checkbox"/> Recompletion	<input type="checkbox"/> Oil	<input type="checkbox"/> Condensate
<input checked="" type="checkbox"/> Change in Ownership	<input type="checkbox"/> Casinghead Gas	

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 <u>East Eumont Unit</u>	Well No. <u>112</u>	Pool Name, including Formation <u>Eumont Yates 7-Rivers Queen</u>	Kind of Lease <u>State, Federal or Fee</u>	State <u>State</u>	Lease No. <u>B-2330</u>
Location					
Unit Letter <u>G</u>	<u>1998</u>	Feet From The <u>North</u>	Line and <u>1975</u>	Feet From The <u>East</u>	
Line of Section <u>2</u>	Township <u>20S</u>	Range <u>37E</u>	NMPM, <u>Lea</u>	County	

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/> <u>Injection</u>	Address (Give address to which approved copy of this form is to be sent)
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When

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. Loh

(Signature)

District Operations Manager

(Title)

April 4, 1985

(Date)

OIL CONSERVATION DIVISION

APPROVED 6/1, 19 85
BY [Signature]
TITLE DISTRICT 1 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.

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.

RECEIVED

MAY 31 1985

NOB. 1985

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
OPERATOR	

NEW MEXICO OIL CONSERVATION COMMISSION

Form C-163
Supersedes Old
C-162 and C-103
Effective 1-1-65

5a. Indicate Type of Lease
State <input checked="" type="checkbox"/> Fee <input type="checkbox"/>
5. State Oil & Gas Lease No.
<u>B-2330</u>

SUNDRY NOTICES AND REPORTS ON WELLS DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO REFINISH OR PLUG BACK TO A DIFFERENT RESERVOIR. SEE APPLICATION FOR PERMIT - (FORM C-101) FOR SUCH PROPOSALS.)

1. <input type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <u>WATER INJECTION</u>
2. Name of Operator <u>GETTY OIL COMPANY</u>
3. Address of Operator <u>P. O. Box 249, Hobbs, New Mexico 88240</u>
4. Location of Well UNIT LETTER <u>G</u> , <u>199B</u> FEET FROM THE <u>NORTH</u> LINE AND <u>1975</u> FEET FROM THE <u>WEST</u> LINE, SECTION <u>2</u> TOWNSHIP <u>20-S</u> RANGE <u>37-E</u> NMPM.

7. Unit Agreement Name
8. Form of Lease Name <u>EAST EUMONT UNIT</u>
9. Well No. <u>112</u>
10. Field and Pool, or Wildcat <u>Eumont Y-7Ri-Q</u>

15. Elevation (Show whether DF, RT, GR, etc.) <u>3606 KD</u>

12. County <u>Lea</u>

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:

PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>

REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
CASING TEST AND CEMENT JOBS <input type="checkbox"/>	OTHER <u>FILL CELLAR WITH SAND</u> <input checked="" type="checkbox"/>

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 14, 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 <u>A. J. Wade</u>	TITLE <u>Area Superintendent</u>	DATE <u>MAY 6, 1976</u>
Original Signed by <u>Jerry E. Wade</u>		
APPROVED BY <u>Dick L. Gray</u>	TITLE <u></u>	DATE <u></u>
CONDITIONS OF APPROVAL, IF ANY:		

RECEIVED

JUL 12 1970

UIC CONSERVATION COMM.
FBIHQ, N. H.