STATE OF NEW MEXICO ERGY AND MINERALS DEPARTMENT

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LAND GIFICE		1				
TRANSPORTER	OIL					
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CPERATOR						
PROSATION OFF	× a	I				

OIL CONSERVATION DIVISION P. O. BOX 2088 SANTA FE, NEW MEXICO 87501

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GA

AUTHORIZATION TO TRANSP	CRT OIL AND NATURAL GAS				
C;+rolot					
Texaco Producing Inc.					
Address					
PO Box 728, Hobbs, New Mexico 88240					
Renson(s) Tox liling (Check proper box)	Other (Please explain)				
New Well Change in Transporter of:					
Recompletion X Oil Dry	y Gas				
Change in Ownership Casinghead Gas Co	ndensate				
If change of ownership give name and address of previous owner					
II. DESCRIPTION OF WELL AND LEASE		,			
Lease Name Well No. Pool Name, Including Fo	Expansion Kind of Lease	ecse No.			
East Eumont Unit 21 Eumont Yates 7	7-Rivers Queen Stote, Federal or Fee State E-	-6424			
Location					
Unit Letter F : 2061.5 Feet From The North Line	e and 1980 Feet From The West	•			
	v				
Line of Section 3 Township 195 Range 3	37E , ммрм, Lea	County			
HI. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL Nord of Authorized Transporter of Cit X or Concended Texas New Mexico Pipeline Co. (0055-1951) Name of Authorized Transporter of Cosingread Gos X or Dry Gos T	GAS Address (Give address to which approved copy of this form is to be PO Box 2528, HObbs, New Mexico 88240 Address (Give address to which approved copy of this form is to be	·			
Warren Petroleum Corp.	PO Box 1589, Tulsa, OK 74102				
If well produces oil or liquids, Unit Sec. Twp. Rgs.	is gas actually connected? When				
give location of tanks. M 3 19S 37E	Yes 1957				
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	OIL CONSERVATION DIVISION				
I hereby certify that the rules and regulations of the Oil Conservation Division have	APPROVED				
been complied with and that the information given is true and complete to the best of	OSIGINAL CIGNED BY IFRAL ATTENDA				
my knowledge and belief.	DISTRICT I SUPERVISOR				
	TITLE				
1					
da Head	This form is to be filed in compliance with RULE 11				
Area Superintendent 397-3571	If this is a request for allowable for a newly drilled o well, this form must be accompanied by a tabulation of the tests taken on the well in accordance with AULE 111.	r deepened e devietion			
7-25-88	All sections of this form must be filled out completely able on new and recompleted wells.	for allow-			
(Cose)	Fill out only Sections I, II, III, and VI for changes well name or number, or transporter, or other such change of	condition			
	Separate Forms C-104 must be filed for each pool completed wells.	in multiply			

V. COMPLETION DATA							·		, , , , , , , , , , , , , , , , , , ,
Designate Type of Completic	on - (X)	Ott Mett	Gas Well	Now Well	Workover	Deepen	Plug Back	Same Restv.	Diff. Rest
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.				
Elevations (DF, RKB, RT, GR, etc.,	, Name of Producing Formation		Top Cil/Gos Pay		Tubing Depth Depth Casing Shoe				
Perforations									
		TUBING,	CASING, AN	ID CEMENT	ING RECOR	D			
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT				
	+								
					-		4		
V. TEST DATA AND REQUEST OIL WELL			(Test must be able for this c		,	·		equal to or exc	eed top bild
Date First New Oll Run To Tonks	Date of T	•		Producing Method (Flow, pump, tas lift, etc.)					
Longih of Tool	Tubing Pr	*****		Casing Pt	***M.		Choke Size	•	
Actual Prod. During Tool	O:1 - Bbis.			Water - Bb	le.		Gas-MCF		
	1					· · · · · · · · · · · · · · · · · · ·			
GAS WELL				1511.5			Complex of	Condensate	
Actual Prod. Test-MCF/D	Length of	Test		Bble. Con	densate/kMC	· .	Cravity of		
Teeting Method (pitot, back pri)	Tubing Pr	eeeme (2pm	t-in)	Casing Pr	esswe (Shut	-in)	Choke Siz	•	

- RECEASE

JUL 26 1988

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