

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

NEW MEXICO OIL CONSERVATION COMMISSION  
REQUEST FOR ALLOWABLE  
AND

Form C-104  
Supersedes Old C-104 and C-110  
Effective 1-1-65

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Orig & Rec: NMOCC  
lcc: W. L. Boone  
lcc: R. H. Coe  
2cc: Pan American Petroleum Corp.  
lcc: File

I. Operator **GIFTY OIL COMPANY**

Address **P. O. Box 249, Hobbs, New Mexico 88240**

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

Change in Transporter of: Oil  Casinghead Gas  Dry Gas  Condensate

Other (Please explain)

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name <b>East Emont Unit</b>	Well No. <b>914</b>	Pool Name, Including Formation <b>Emont Queen</b>	Kind of Lease State, Federal or Fee <b>State</b>	Lease No. <b>B-935</b>
Location Unit Letter <b>F</b> <b>1980</b> Feet From The <b>North</b> Line and <b>1980</b> Feet From The <b>West</b> Line of Section <b>1</b> Township <b>208</b> Range <b>37E</b> , NMPM, <b>Lea</b> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> <b>Texas New Mexico Pipeline Co.</b> <del>Shell Pipeline Co.</del>	Address (Give address to which approved copy of this form is to be sent) <b>Box 1510, Midland, Texas</b> <del>Box 1910, Midland, Texas</del>
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> <b>Warren Petroleum Co.</b>	Address (Give address to which approved copy of this form is to be sent) <b>Box 67, Monument, New Mexico</b>
If well produces oil or liquids, give location of tanks.	Unit <b>P</b> Sec. <b>35</b> Twp. <b>19</b> Rge. <b>37</b> Is gas actually connected? <b>Yes</b> When <b>10-18-67</b>

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 <input checked="" type="checkbox"/>	Gas Well	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded <b>9-22-67</b>	Date Compl. Ready to Prod. <b>10-17-67</b>	Total Depth <b>3900</b>	P.B.T.D. <b>3880</b>					
Elevations (DF, RKB, RT, GR, etc.) <b>3588 GR</b>	Name of Producing Formation <b>Queen</b>	Top Oil/Gas Pay <b>3775</b>	Tubing Depth <b>3833</b>					
Perforations <b>3775 - 3860</b>	Depth Casing Shoe <b>3898</b>							
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
<b>11"</b>	<b>7-5/8"</b>	<b>372</b>	<b>200</b>					
<b>6-3/4"</b>	<b>4-1/2"</b>	<b>3898</b>	<b>615</b>					

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 <b>10-18-67</b>	Date of Test <b>10-19-67</b>	Producing Method (Flow, pump, gas lift, etc.) <b>Pump</b>		
Length of Test <b>24 hrs</b>	Tubing Pressure <b>-</b>	Casing Pressure <b>-</b>	Choke Size <b>-</b>	
Actual Prod. During Test <b>16</b>	Oil - Bbls. <b>11</b>	Water - Bbls. <b>5</b>	Gas - MCF <b>9</b>	

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

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  
**C. L. WADE**

(Signature)

**Area Superintendent**

(Title)

**October 23, 1967**

(Date)

OIL CONSERVATION COMMISSION

APPROVED \_\_\_\_\_, 19

BY \_\_\_\_\_

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.