

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form O-104
Superseding Old O-101 and O-1
Effective 1-1-85

DATE OF OFFICE RECEIPT
DISTRIBUTION
SANTA FE
FILE
U.S.G.S.
LAND OFFICE
TRANSPORTER
OIL
GAS
OPERATION
PRODUCTION OFFICE

Operator Gulf Oil Corp.
Address P.O. Box 670, Hobbs, NM 88240
Reason(s) for filing (Check proper box)
New Well ☐ Change in Transporter of Oil ☐ Dry Gas ☐
Recompletion ☐ Oil ☐ Casinghead Gas ☐ Condensate ☐
Change in Ownership ☐ Other (Please explain) Change field name from
Eurostat Oil to Eunice Monument
Order No. R-7767
change of ownership give name
and address of previous owner _____

DESCRIPTION OF WELL AND LEASE
Well Name Eunice Monument Well No. 449 Pool Name, Including Formation Eunice Monument Kind of Lease State, Federal or Free R-1732 Lease No. _____
Location South
Unit Letter I : 1980 Feet From The South Line and 366 Feet From The East
Line of Section 22 Township 21S Range 36E NMDR Lea County _____

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS
Name of Authorized Transporter of Oil ☐ or Condensate ☐ Shell Pipeline Co. Address (Give address to which approved copy of this form is to be sent) Box 1910 Midland TX 79701
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☐ Phillips Petroleum Co. Address (Give address to which approved copy of this form is to be sent) 4001 Parkview Odessa, TX 79761
Well produces oil or liquids, give location of tanks. ☐ Unit L Sec. 22 Twp. 21S Rge. 36E Is gas actually connected? Yes When Unknown

this production is commingled with that from any other lease or pool, give commingling order number: _____
COMPLETION DATA
Designate Type of Completion - (X)
Oil Well ☐ Gas Well ☐ New Well ☐ Workover ☐ Deepen ☐ Plug Back ☐ Same as last ☐ Partial Rekey ☐
Date Spudded _____ Date Compl. Ready to Prod. _____ Total Depth _____ P.D.T.D. _____
Elevations (D.F., RKB, RT, CR, 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 _____

TEST DATA AND REQUEST FOR ALLOWABLE
1. 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)
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. _____ GUA - MCF _____

2. AS WELL
Actual Prod. Test - MCF/D _____ Length of Test _____ Bbls. Condensate/MCF _____ Gravity of Condensate _____
Testing Method (Spot, back pr.) _____ Tubing Pressure (Shut-in) _____ Casing Pressure (Shut-in) _____ Choke Size _____

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 is true and complete to the best of my knowledge and belief.
RD Pite
(Signature)
AREA ENGINEER
(Title)
3-29-85
(Date)

OIL CONSERVATION COMMISSION
APPROVED APR - 3 1985, 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 a new and recompleted well.
Fill out only Sections I, II, III, and VI for change of owner, well name or number, or transporter; fill out each change of conditions.