

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
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS**

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

I. OPERATOR
Operator **TEXAS PACIFIC OIL COMPANY, INC.**
Address **P. O. Box 1069, Hobbs, New Mexico 88240**

Reason(s) for filing (Check proper box) Other (Please explain)

New Well Change in Transporter of:
 Recompletion Oil Dry Gas
 Change in Ownership Casinghead Gas Condensate

If change of ownership give name and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name State 'D' A/c-1	Well No. 1	Pool Name, including Formation Bagley Siluro Devonian	Kind of Lease State, Federal or Fee	Lease No.
Location Unit Letter A 660 Feet From The North Line and 660 Feet From The East Line of Section 2 Township 12-S Range 33-E , NMPM, Lea County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/> Amoco Pipeline Corporation	Address (Give address to which approved copy of this form is to be sent) 3411 Knoxville Ave. Lubbock, Texas 79413			
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> no gas production	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 H	Sec 2	Twp. 12-S Rge. 33-E	Is gas actually connected? <input type="checkbox"/> When

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	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded	Date Compl. Ready to Prod. 4-23-73	Total Depth 11,065	P.B.T.D. 10,653					
Elevation (DF, RKB, RT, GR, etc.) 4228 GR	Name of Producing Formation Siluro Devonian	Top Oil/Gas Pay 10,572	Tubing Depth 9188		Depth Casing Shoe 11,065			
10,582, 587, 594, 595½, 608, 610, 632½, 634, 636, 640, 646, 649'								
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
12"	9 5/8"	302'	300					
8 3/4"	5 1/2"	11,065'	3650					
	2 7/8"	9188'	2270					
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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 4-23-73 Oil Run To Tanks	Date of Test 4-22-73	Producing Method (Flow, pump, gas lift, etc.) Pumping - Hydraulic	
Length of Test 24 hr.	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls. 204	Water - Bbls. 1589	Gas - MCF TSTM

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
Claude Aubert, Jr.

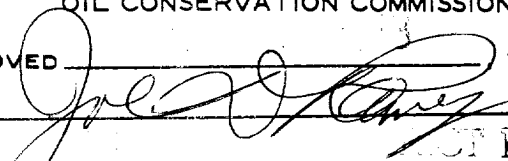
(Signature)
Area Superintendent

April 23, 1973 (Title)

(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