REQUEST FOR ALLOWABLE Effective 1-1-65 TAFE AND LΕ AUT. PRIZATION TO TRANSPORT OIL AND JURAL GAS .s.G.\$. AND OFFICE OIL FANSPORTER GAS PERATOR PRORATION OFFICE perator SUN TEXAS COMPANY Address 79704 Midland, Texas P. O. Box 4067 Reason(s) for filing (Check proper box) Other (Please explain) Change in Transporter of: Vew Well Dry Gas Oil Recompletion Condensate Casinghead Gas Change in Ownership X 79704 TEXAS PACIFIC OIL COMPANY, INC. P. O. Box 4067 TX. Midland, change of ownership give name nd address of previous owner_ DESCRIPTION OF WELL AND LEASE | Well No. | Pool Name, Including Formation Lease No. Kind of Lease State, Federal or Fee 755 4 <u>. س.</u> ع WAMED Feet From The NORTH Line and 2130 Unit Letter County Range 37 23 15 Township Line of Section DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Address (Give address to which approved copy of this, form is to be sent) or Condensate 🔀 Name of Authorized Transporter of Oil Address (Give address to which approved 2/30 N. Huy. 83 L. ls gas actually connected? When Midland Name of Authorized Transporter of Casinghead Gas or Dry Gas & 1 HADRAL P.ge. Twp. If well produces oil or liquids, :15 122 ;a) If this production is commingled with that from any other lease or pool, give commingling order number: Plug Back | Same Res'v. Diff. Res'v COMPLETION DATA Deepen Workover New Well Gas Well Oil Well Designate Type of Completion - (X) P.B.T.D. Total Depth Date Compl. Ready to Prod. Date Spudded Tubing Depth Top Oll/Gas Pay Name of Producing Formation Elevations (DF, RKB, RT, CR, etc.) Depth Casing Shoe Perforations TUBING, CASING, AND CEMENTING RECORD SACKS CEMENT CASING & TUBING SIZE DEPTH SET HOLE SIZE (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) TEST DATA AND REQUEST FOR ALLOWABLE Producing Method (Flow, pump, gas lift, etc.) OIL WELL Date of Test Date First New Oil Run To Tanks Choke Size Cosing Pressure Tubing Pressure Length of Test Gas - MCF Water - Bbls. Cil-Bbla. Actual Prod. During Test Gravity of Condensate GAS WELL Bbls. Condensate/AMCF Length of Test Actual Prod. Test-MCF/D Choke Size Cosing Pressure (Shot-in) Tubing Pressure (Shut-in) Testing Method (pitot, back pr.)

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.

(Signature)

Regional Operations Superintendent/West (Title)

SEP 1 2 1980 (Daie)

OIL CONSERVATION COMMISSION

りけり APPROVED. BY._

TITLE __

This form is to be filed in compliance with MULE 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 MULE 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, cell name or number, or transporter, or other such change of condition.

Separate Forms C-104 must be filed for each pool in multiply

DISTRIBUTION SANTA FE

NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE

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

FILE	 		AND			•
U.S.G.S.	┧	AUTHORIZATION TO TRA	ansport oil and n a	aTURAL G	AS	
OIL	+ + -					
I RANSPORTER GAS			•			
PRORATION OFFICE				•		
Operator Operator	_11					
	EXAS CO	DMPANY	· · · · · · · · · · · · · · · · · · ·			
Address	Dore 10	067 Midland, Texas	79704			•
Reason(s) for filing (Check	BOX 40		Other (Please e	xplain)		<u> </u>
New Well		Change in Transporter of:	,		•	
Recompletion Change in Ownership X		Oil Dry G				
Change in Ownership A		Custingness Costs				
If change of ownership given and address of previous o		TEXAS PACIFIC OIL COMP	ANY, INC. P. O.	Box 406'	7 Midland, I	X. 79704
DECORIDEION OF WE	T ABID	Trice				
Lease Name		Well No. Pool Name, Including F	formation K	(ind of Lease	1	Lease No.
E. St. Stald	ev	14 Drixkard	s	State, Federal	or Fee Lee]
Location	: 66	O Feet From The Marth Lis	2/30	F	he west	
Unit Letter	_: <i>@@</i>			reet rom i	ne <u>uuu</u>	
Line of Section 15	Tov	vnship $22-5$ Range 3	1-E , NMPM,	_ Lea	<i></i>	County
DESIGNATION OF TR	NSPORT	TER OF OIL AND NATURAL GA	AS.			
Name of Authorized Transpo	orter of Oil	or Condensate	Address (Give address to	which approv	ed copy of this form is to	be sent)
Shell Lipel	sie C	onparer	1.0. Day 2648	- Dru	otory, Ilyan ed copy of this form is to	77001
Name of Authorized Transpo	ial H	singhead Gas X or Dry Gas	DAR Soul SM	anch approve	8l.250	ve sem)
If well produces oil or liqui	$\omega < \omega $	Unit Sec. Two P.ge.	Ik gas actually connected	? When	n / 0	
give location of tanks.		D 15 22-5 37-E	I tfor _		3-4-78	
If this production is comm COMPLETION DATA	ingled wit	h that from any other lease or pool,	give commingling order n	umber:		
Designate Type of (Completio	Oil Well Gas Well	New Well Workover	Deepen	Plug Back Same Res'	v. Diff. Res'v.
		Date Compl. Ready to Prod.	Total Depth	: 	P.B.T.D.	
Date Spudded		bate compilificacy to recal	Total Depti.		113.1.2.	
Elevations (DF, RKB, RT, C	GR, etc.j	Name of Producing Formation	Top Oil/Gas Pay		Tubing Depth	
Perforations					Depth Casing Shoe	
Petrorations					•	
		TUBING, CASING, AND	CEMENTING RECORD			
HOLE SIZE		CASING & TUBING SIZE	DEPTH SET		SACKS CEM	ENT
		OR ALLOWABLE (Test must be a	<u></u>			
TEST DATA AND REQ OIL WELL	UESI FO	able for this de	pth or be for full 24 hours)			
Date First New Oil Run To	Tanks	Date of Test	Producing Method (Flow, p	oump, gas lift.	, etc.)	
Length of Test		Tubing Pressure	Casing Pressure		Choke Size	
Actual Prod. During Test		Oil-Bhis.	Water-Bbls.		Gas-MCF	
				1		
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)	Cosing Pressure (Shut-1)	<u>n)</u>	Choke Size	
CERTIFICATE OF CO	MPLIANC	CE CE	OIL CO	NSERVAT	TION COMMISSION	
		- Jaking of the Cit Consequetion	APPROVED		, 1	9
Tamming house heen co	malied w	egulations of the Oil Conservation ith and that the information given	BY			
ibove is true and comple	te to the	best of my knowledge and belief.	11			
			TITLE			
(Signature)			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.			
SEP 1 2 1980	(Titi	le)	able on new and recor	mpleted wall	ls.	
	(Dat		well name or number, o	or transporte.		of cougition
			Separate Forms (2-104 must	be filed for each poo	in multiply
			-	•		

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DESTRIBUTE)H	2-17	
SAHEAFE		.~	
1 (1.42			
U.S.G.S.			
LAND OFFICE			
TRAUSPORTER	OIL,		
OPERATOR			
********]		

District Operations Superintendent

(Pata)

3-2-78

REWINDRICO OIL CONSURVATION COMMIS-PEODEST FOR ALLOWAREE

Throa C-104 Superscribe Old C-101 and C-1

F (1.42			101.	G()(.51	AHD	14 (Elfortivo	4-4-65	
U.S.G.S.	_ ^	UTHORE	ZATION	TO TRA	HSPORT OIL, A	IUTAH GM	RAL GAS		
LAND OFFICE									
INAUSPORTER OIL									
OPCRATOR GAS									
PROBATION OFFICE									
Texas Pacific Oil Comp	anv. I	nc.							
Address									
P. O. Box 4067, Midlan		as 	79701					-	
Keason(s) Tee filing (Check proper be		anna la Tie	capporter of	·•	Other	Please explain	n <i>)</i>		
Recompletion X	Oil	•		Pry Ga					
Change in Ownership	Ca	ath the 64 G	305	Conden	sate []				
If change of ownership give name and address of previous owner									
·							•		
DESCRIPTION OF WELL AND Leave Name	LEASE	II No. Fo	ol Name, In-	cluding Fo	prontion	Kinic	(Lease	Leano No.	
E. W. Walden		4 Dr	rinkard	Gas	State, Federal or Fee Fee				
Location	660 -	t P T	nort	th	, and 2130	Foot	From The West		
Unit Letter C;								ACCORDANCE OF A STATE OF THE ST	
Line of Section 15 T	ownship	<u>22-S</u>	R	ange 37	/-Е ,	NMPM, I	_ea	County	
DESIGNATION OF TRANSPOR	RTER OF	OIL AN	D NATU	RAL GA	S				
Name of Authorized Transporter of C		or Conde	msste (X)		Radious (Give address to which approved copy of this form is to be sent)				
Shell Pipeline Company Name of Authorized Transporter of C		Gas [X]	er Dry Gas		P. O. Box 2648, Houston, Texas 77001 Address (Give address to which approved copy of this form is to be sent)				
El Paso Natural Gas Co					Jal, New M			- The state of the	
If well produces off or liquids, give location of tanks.	i D	Soc.]5	Twp. 22-S	1996. 37-E	Is gas actually ed	ennected?	By 3-4-78	•	
If this production is commingled v.				L	L	erder numbe			
COMPLETION DAYA		Oil w					en Plug Back San	e Resty. Diff. Rest	
Designate Type of Complet	ion - (X)		1	X				Х	
Date XXXXX Work Started	1	ompl. Read	y to Pred.		Tetal Depth		P.B.T.D.	The second secon	
8-9-77 Elevations (DF, RKB, RT, GR, etc.)		-27-77 I Producting	y Formetton		6540 Tep 04/Gas Pay		6430 Tuking Depth		
3417' GR	1	nkard				····			
Perforations 63091-64121							Depth Casing Sh	20	
		าบูอ	HIG, CASI	NG, AND	CEMENTING R	ECORD-			
HOLE SIZE	С		TUDING S	12.C	DEPTH SET			SACKS CEMENT	
13 3/4"		10 3/4			148'			100	
9 7/8" 6 3/4"		7 5/8" 5 1/2"			2852' 6539'		18	1800	
and plants for a second continue of the secon									
TEST DATA AND REQUEST I OIL WELL	FOR ALI	LOWABL	Test i able f	niust te af orthis des	ter recovery of tate oth or be for full 2:	il valume of la Lhours)	ad oil and must be equal:	io or exceed top all:	
Date First New Cil Run To Tanks	Date of	Test			Preducing Methel		gas lift, etc.)	The second s	
Lungth of Test	Subtes	Tubing Pressure			Cosing Pronoure		Choko Sizo	Choke Size	
Longin in Tost	trick Leaf								
Actual Fred, During Test	O11-8b	la.			Water - ishle.		Gun+MCF		
					and the state of t				
GAS WELL									
Actual Frod. Tost-MCT/D	Length	of Tool 24 hrs			Dble. Condensate	ZMMCF	Gravity of Conde	i.not a	
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Orfice						· Company of the contrast of t	21/64	and the second special and the second se	
CENTIFICATE OF COMPRIME	CE				- 10	DIL CONSI	IRVATION COMMIS	SSION -:	
hereby certify that the rules and	reculutio	na of the	Oll Conne	rvation	APPROVED.			, 19	
Congression bays been compiled.	with and	thet the	Informatio	a given j	100	and	& Killon	anguar star annually state former and annual star annual at the first star and the same of the same of the same	
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District Operations Si	A. le	1 -2cd >			This form	In to be file	ed in compliance with rationalda for a newly	RULE 1194. dilled or decome	
-W. J. Orice Con	111100)					arrant has been	companies by a temper exportance with 1886	ton of Garanyland	
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