

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

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

Form O-104
 Supersedes Old O-104 and O-105
 Effective 1-1-65

Operator
Texas Pacific Oil Company Inc.
 Address
P.O. Box 4067, Midland, Texas 79701
 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 CO2-In-Action, Inc. P.O. Box 2748, Amarillo, Texas 79105

DESCRIPTION OF WELL AND LEASE
 Lease Name Upton Well No. 1 Pool Name, including Formation Wildest Kind of Lease Fee Lease No.
 Location
 Unit Letter D; 330 Feet From The North Line and 330 Feet From The West
 Line of Section 25 Township 18 N Range 26 E, NMPL, San Higuell County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS
 Name of Authorized Transporter of Oil or Condensate Address (Give address to which approved copy of this form is to be sent)
 Name of Authorized Transporter of Casinghead Gas or Dry Gas 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 Sec. Twp. Pge. Is gas actually connected? When

If 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 Res'n. Perf. Res'n.
 Date Spudded Date Compl. Ready to Prod. Total Depth P.B.T.D.
 Elevations (DF, RKB, RT, GR, 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 (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 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. Gas-MCF

GAS WELL
 Actual Prod. Test-MCF/D Length of Test Lbbs. Condensate/MCF Gravity of Condensate
 Testing Method (Flow, Gas Lift) Tubing Pressure (lbwt-in) Casing Pressure (lbwt-in) Choke Size

STATEMENT 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.
W. J. McClintock
 (Signature)
 Reg. Oper. Supt.
 (Title)
 6-25-79
 (Date)

OIL CONSERVATION COMMISSION
 APPROVED July 19, 19 79
 BY Carl Ulvog
 TITLE SENIOR PETROLEUM GEOLOGIST
 This form is to be filed in compliance with RULE 1104.
 If this is a request for allowable for a newly drilled or re-completed well, this form must be accompanied by a calculation of the reserves taken on the well in accordance with RULE 111.
 All sections of this form must be filled out completely for all wells, old or new and re-completed 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 conditions.