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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 O. C. C.

AUG 1 2 05 PM '66

I. Operator

TEXAS PACIFIC OIL COMPANY

Address
P.O. Box 1069 - Hobbs, New Mexico

Reason(s) for filing (Check proper box)

New Well	<input checked="" type="checkbox"/>	Change in Transporter of:	
Recompletion	<input type="checkbox"/>	Oil	<input type="checkbox"/>
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>
		Dry Gas	<input type="checkbox"/>
		Condensate	<input type="checkbox"/>

Other (Please explain)

CHANGE OF OPERATION FROM
TEXAS PACIFIC OIL COMPANY
A DIVISION OF JOSEPH E. SEAGRAM & SONS, INC.
TO TEXAS PACIFIC OIL COMPANY, INC.
EFFECTIVE MAY 1, 1969

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name J. P. COLLIER	Lease No. NM 315	Well No. 3	Pool Name, Including Formation North Bagley	Kind of Lease State, Federal or Fee State
Location				
Unit Letter C	810	Feet From The North	Line and 1980	Feet From The West
Line of Section 10	Township 11-S	Range 33-E	NMPM, Lea	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"/>	Address (Give address to which approved copy of this form is to be sent)
Service Pipeline	3411 Knoxville, Lubbock, Texas
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Warren Petroleum	725 Gulf Bldg. Midland, Texas
If well produces oil or liquids, give location of tanks:	Unit Sec. Twp. Rge. Is gas actually connected? When
	F 10 11 33 Yes 7-31-66

If this production is commingled with that from any other lease or pool, give commingling order number: _____

V. 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 5-29-66	Date Compl. Ready to Prod. 7-29-66	Total Depth 10,200'	P.B.T.D. 9598'					
Elevations (DF, RKB, RT, GR, etc.) 4266.7' GR	Name of Producing Formation Upper Penn	Top Oil/Gas Pay 9498'	Tubing Depth 9470'					
Perforations 9498-99-9500-01-02-03-04'	Depth Casing Shoe 10,200'							

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17-1/2"	13-3/8"	357'	425 sks.
11"	8-5/8"	3776'	385 sks.
7-7/8"	5-1/2"	10,200'	525 sks.
	2-3/8"	9465'	

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)

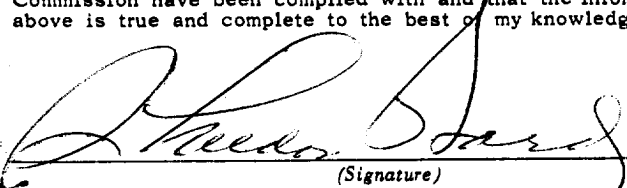
Date First New Oil Run To Tanks 7-30-66	Date of Test 7-31-66	Producing Method (Flow, pump, gas lift, etc.) Flowing	
Length of Test 24 hrs.	Tubing Pressure 50-250#	Casing Pressure 0	Choke Size 2 1/4" 64"
Actual Prod. During Test 310 BF	Oil - Bbls. 218	Water - Bbls. 92	Gas - MCF 320

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure	Casing Pressure	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.


(Signature)
Area Superintendent
(Title)
8-1-66
(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.

DEVIATION RECORD

<u>FOOTAGE</u>	<u>SLOPE</u>	<u>FOOTAGE</u>	<u>SLOPE</u>
234	3/4°	6780	3/4°
257	1°	7110	3/4°
960	1/2°	7400	1°
1270	3/4°	7770	3/4°
1726	1/2°	8035	1°
2150	1/2°	8260	3/4°
2694	3/4°	8380	1°
3160	1/2°	8495	1°
3540	3/4°	8740	1°
4205	0°	8850	1-1/4°
4540	1/4°	9240	1-1/4°
4975	1/4°	9550	1-1/2°
5330	1/2°	9790	1-1/2°
5756	1/2°	9958	1-1/4°
6460	3/4°	10130	1-3/4°

I hereby certify the information given above is true and complete to the best of my knowledge.

TEXAS PACIFIC OIL COMPANY


Sheldon Ward
Area Superintendent

Subscribed and sworn to before me this 1st day of August 1966.


Notary Public
Lea County, New Mexico

My commission expires March 14th 1970.