

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

DISTRIBUTION		
SANTA FE		
FILE		
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OFFICE		

Operator Rial Oil Company

Address P. O. Drawer 3068, Midland, Texas 79702

Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input type="checkbox"/>	Change of Operator from K. K. Amini
Recompletion <input type="checkbox"/>	
Change in Ownership <input type="checkbox"/>	
Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	

If change of operator give name and address of previous operator Operator K. K. Amini, P.O. Drawer 3068, Midland, Texas 79702

Lease Name <u>New Mexico-State</u>	Well No. <u>2</u>	Pool Name, including Formation <u>West Tres Papalotes Penn</u>	Kind of Lease State, Federal or Fee <u>State</u>	Lease No. <u>K-2043</u>
Location Unit Letter <u>I</u> ; <u>660</u> <sup>560</sup> Feet From The <u>East</u> Line and <u>1980</u> <sup>2080</sup> Feet From The <u>South</u>				
Line of Section <u>31</u>	Township <u>14S</u>	Range <u>34E</u>	, NMPM, <u>Lea</u> County	

**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)
<u>Amoco Production Company</u>	<u>P. O. Box 591, Tulsa, Oklahoma 74102</u>
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)
<u>Tipperary Oil &amp; Gas Corporation</u>	<u>500 West Illinois, Midland, Texas 79701</u>
If well produces oil or liquids, give location of tanks. Unit <u>A</u> Sec. <u>31</u> Twp. <u>14S</u> Rge. <u>34E</u>	Is gas actually connected? <u>Yes</u> When _____

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

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Restv.	Diff. Restv.
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		

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT


**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	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

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MCF	Gravity of Condensate
Testing Method (pitot, 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 above is true and complete to the best of my knowledge and belief.

  
 \_\_\_\_\_  
 (Signature)  
 Comptroller  
 \_\_\_\_\_  
 (Title)  
 9/1/77  
 \_\_\_\_\_  
 (Date)

**OIL CONSERVATION COMMISSION**

APPROVED 13 1977, 19 \_\_\_\_\_

BY \_\_\_\_\_  
 Orig. Signed by  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 TITLE \_\_\_\_\_

This form is to be filed in compliance with RULE 1194.  
 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.