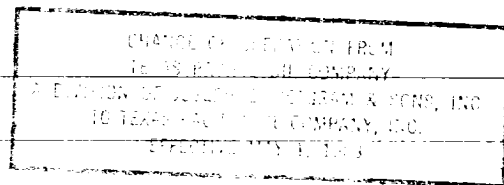


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TRANSPORTER	OIL
	GAS
OPERATOR	
PRORATION OFFICE	

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	
Texas Pacific Oil Company	
Address	
P. O. Box 1069, Hobbs, New Mexico	
Reason(s) for filing (Check proper box)	
New Well	Change in Transporter of:
Recompleting	Oil
Change in ownership	Casinghead Gas
	Dry Gas
	Condensate

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease
State "A" A/c-2	27	Jalmat Yates	State, Federal or Free State
Location			
Unit Letter	P	660 Feet From The East Line and 660 Feet From The South	
Line or Section	5	Township 22-S Range 36-E, NMPM	Lea County

III. 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)
El Paso Natural Gas	Jal, New Mexico	
If well produces oil or liquids, give location of tanks.	Unit	Sec.
	P	5
	22	36
	Yes	4-7-65

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	Gas Well	New Well	Workover	Deepen	Perforations	Same Ident.	Diff. Ident.
		X		X				X
Date First Flow	Date Compl. Ready to Prod.	Total Depth	Perforations					
12-4-64	4-7-65	3872'						
Pool	Name of Producing Formation	Top Oil/Gas Pay	Initial Depth					
Jalmat	Yates	3055	2956'					
Perforations			Depth Casing Shoe					
3055-76-3110-52-68-78-3209-30-43-50-90-96-3309-3355			3725'					
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
	10" 40#	416'	200 sks.					
	7" 24#	3089'	400 sks.					
	5-1/2" - 15-17#	3725'	60 sks.					
	2-3/8" - 4.7#	2956'						

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 Flow - From To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Stroke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MCF	Gravity of Condensate
AOP - 1575#	24 Hrs.	- -	- -
Testing Method (flow, back pr.)	Tubing Pressure	Casing Pressure	Stroke Size
Back Pressure	- -	- -	- -

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:

John H. Hendrix

(Signature)

Area Engineer

(Title)

April 7, 1965

(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 Sections I, II, III, and VI only 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.