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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 C-104  
Superseding Old C-101 and C-11  
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 <input type="checkbox"/>	
Recompletion <input type="checkbox"/>	
Change in Ownership <input checked="" 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 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 <u>McCarty</u>	Well No. <u>1</u>	Pool Name, including Perforation <u>Wildcat</u>	Kind of Lease State, Federal or Fee <u>Fee</u>
Location			
Unit Letter <u>A</u>	: <u>990</u> Feet From The <u>East</u> Line and <u>990</u> Feet From The <u>North</u>		
Line of Section <u>34</u>	Township <u>18 N</u>	Range <u>31 E</u>	County <u>Harding</u>

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS			
Name of Authorized Transporter of Oil <input type="checkbox"/>	or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/>	or Dry Gas <input type="checkbox"/>	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.
			Page.
			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	Stake Rest.	Plif. Rest.		
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.				
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Perforation		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 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

GAS WELL.			
Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MCF	Gravity of Condensate
Testing Method (flow, back pr.)	Tubing Pressure (lb/sq-in)	Casing Pressure (lb/sq-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.

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

OIL CONSERVATION COMMISSION

APPROVED July 19, 19 79  
BY Carl Ellsberg  
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 deepened well, this form must be accompanied by a tabulation of the available data taken on the well in accordance with RULE 111.  
All sections of this form must be filled out completely for other than new and re-completed wells.  
Fill out only Sections I, II, III, and IV for changes of owner, well name or number, or transporter, or other such change of conditions.