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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
Supersedes Old C-104 and C-
Effective 1-1-65

Operator <u>Texas Pacific Oil Company Inc.</u>	
Address <u>P.O. Box 4067, Midland, Texas 79701</u>	
Reason(s) for filing (Check proper box)	
New Well ☐	Change In Transporter of:
Recompletion ☐	Oil ☐ Dry Gas ☐
Change In Ownership ☒	Casinghead Gas ☐ Condensate ☐
Other (Please explain)	

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>Tripp</u>	Well No. <u>1</u>	Pool Name, including Formation <u>Wildcat</u>	Kind of Lease State, Federal or Fee <u>Fee</u>
Location			
Unit Letter <u>0</u>	: <u>990</u> Feet From The <u>South</u> Line and <u>1980</u> Feet From The <u>East</u>		
Line of Section <u>2</u>	Township <u>15 N</u>	Range <u>28 E</u>	County <u>S. Miguel</u>

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.
			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
			Same Res'v.
			Diff. Res'v.
Date spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
Elevations (DF, RKB, RT, CR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Testing 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)

OIL WELL	
Date First New Oil Run To Tanks	Date of Test
Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure
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, 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 <u>W. J. McClintock</u> Reg. Oper. Sept <u>6-25-79</u> (Date)	
OIL CONSERVATION COMMISSION	
APPROVED <u>July 19</u> , 19 <u>79</u>	
BY <u>Carl Ulvog</u>	
TITLE <u>SENIOR PETROLEUM GEOLOGIST</u>	
This form is to be filed in compliance with RULE 1102.	
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 flow taken in the well in accordance with RULE 111.	
All portions of this form must be filled out completely for allowable to be considered complete.	
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.	