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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

Operator TEXAS PACIFIC OIL COMPANY		
Address P. O. Box 1069 - Hobbs, New Mexico		
Reason(s) for filing (Check proper box)	Other (Please explain)	
New Well <input checked="" type="checkbox"/>	Change in Transporter of:	
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/>	Dry Gas <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/>	Condensate <input type="checkbox"/>

If change of ownership give name
and address of previous owner

I. DESCRIPTION OF WELL AND LEASE

Lease Name State "AL"	Lease No. NM-443	Well No. 1	Pool Name, Including Formation Artesia Lovington Sand	Kind of Lease State, Federal or Fee State
Location				
Unit Letter K	1650	Feet From The South	Line and 2310	Feet From The West
Line of Section 20	Township 18-S	Range 28-E	, NMPM, Eddy County	

II. 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)					
The Permian Corp. (Trucks)	P. O. Box 3119 - Midland, Texas					
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 K	Sec. 20	Twp. 18	Rge. 28	Is gas actually connected? No	When Valved

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

III. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'v. <input type="checkbox"/>	Diff. Res'v. <input type="checkbox"/>
Date Spudded 6-27-67	Date Compl. Ready to Prod. 7-14-67		Total Depth 2494'		P.B.T.D. 2443'			
Elevations (DF, RKB, RT, GR, etc.) 3580.5' GR	Name of Producing Formation Lovington Sand		Top Oil Gas Pay 1987'		Tubing Depth 2358'			
Perforations 1987-97'; 2124-25'; 2175-79'; 2224-27'; 2267-68'; 2274-77'; 2407-08'					Depth Casing Shoe 2492			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
11"	8-5/8" 24#		500'		350			
7-7/8"	5-1/2" 14#		2492'		450			
	2 3/8"		2358					

IV. 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 7-14-67	Date of Test 7-18-67	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 24 hrs.	Tubing Pressure	Casing Pressure	Choke Size 2"
Actual Prod. During Test 219	Oil - Bbls. 54	Water - Bbls. 165	Gas - MCF 250

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.

Original Signed by
Sheldon Ward

(Signature)
Area Superintendent

7-19-67

(Title)

(Date)

OIL CONSERVATION COMMISSION

APPROVED

JUL 30 1967

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BY

W.A. Gressett

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.