

THORIZATION TO TRANSPORT OIL AND NATURAL GAS

Supersedes O.C.C. Form 101 and 102 Effective 1-1-65

RECEIVED

OCT 21 1976

O.C.C. ANTEHIA, OFFICE

G.S.			
D OFFICE			
TRANSPORTER	OIL	/	
	GAS	/	
OPERATOR			
PRORATION OFFICE			

I. Operator
Texas International Petroleum Corporation (T I P C O)
Address
Suite 300, 3535 N.W. 58th Street, Oklahoma City, Oklahoma 73112
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

II. DESCRIPTION OF WELL AND LEASE

Lease Name Lowe-Federal	Well No. 1	Pool Name, including formation Golden Land (Morrow)	Kind of Lease State, Federal or Fee Federal	Lease No. NM 0558282
Location Unit Letter H ; 1980 Feet From The North Line and 760 Feet From The East Line of Section 31 Township 20S Range 30E , NMPM, Eddy County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> Rowland Trucking Company	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1196, Eunice, New Mexico 88231			
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> El Paso Natural Gas Company	Address (Give address to which approved copy of this form is to be sent) Box 1384, Jal, New Mexico 88252			
If well produces oil or liquids, give location of tanks.	Unit H	Sec. 31	Twp. 20S	Rge. 30E
Is gas actually connected?			When May 14, 1975	

IV. COMPLETION DATA

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 Hole	Diff. Hole
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			

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/MMCF	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.

P. D. Mantor (Signature)
Sr. Vice President (Title)
October 14, 1976 (Date)

OIL CONSERVATION COMMISSION

APPROVED [Signature], 19
BY W. A. Gressett
TITLE SUPERVISOR, DISTRICT II

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.