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NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS
RECEIVED

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

FEB 8 1973

Operator <u>Texas International Petroleum Corporation</u>		O. C. C. ARTESIA, OFFICE
Address <u>Room 711, Phillips Building, Odessa, Texas 79761</u>		
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		

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>Tidwell-A "COM"</u>	Well No. <u>1</u>	Pool Name, Including Formation <u>South Carlsbad (Atoka) Gas</u>	Kind of Lease <u>State, Federal or Fee</u>	Lease No. <u>---</u>
Location				
Unit Letter <u>E</u>	<u>2310</u>	Feet From The <u>north</u> Line and	<u>660</u>	Feet From The <u>west</u>
Line of Section <u>8</u>	Township <u>23-S</u>	Range <u>27-E</u>	<u>NMPM,</u>	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"/>	Address (Give address to which approved copy of this form is to be sent)					
<u>Phillips Petroleum Company - Trucks</u>	<u>Room 711, Phillips Building, Odessa, Texas</u>					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" 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 <u>E</u>	Sec. <u>8</u>	Twp. <u>23S</u>	Rge. <u>27E</u>	Is gas actually connected? <u>no</u>	When

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	Plug Back	Same Res'tv.	Diff. Res'tv.
		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>					
Date Spudded <u>11-22-72</u>	Date Compl. Ready to Prod. <u>1-19-73</u>	Total Depth <u>12,000</u>	P.B.T.D. <u>11,902</u>					
Elevations (DF, RKB, RT, GR, etc., <u>3187' Gr., 3213.8' DF</u>	Name of Producing Formation <u>Atoka</u>	Top Oil/Gas Pay <u>10,706</u>	Tubing Depth <u>---</u>					
Perforations <u>10748-54' (RL) 10754-60' (EL)</u>			Depth Casing Shoe <u>11,984</u>					
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
<u>17-1/2"</u>	<u>13-3/8"</u>	<u>397'</u>	<u>(450sx Class H w/25CaO12 & 1/4#</u>					
<u>11"</u>	<u>8-5/8"</u>	<u>5511'</u>	<u>Fluocel/sx, Circ 50 sx)</u>					
<u>7-7/8"</u>	<u>5-1/2"</u>	<u>11984'</u>	<u>(1300sx 11-1/2" w/300lb/sx & 250sx</u>					
			<u>Class H. TOC 918301)</u>					
			<u>11984' (550sx Class H w/CFR&S/salt/sx, TOC</u>					
			<u>9250')</u>					

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 New Oil Run To Tanks <u>---</u>	Date of Test <u>---</u>	Producing Method (Flow, pump, gas lift, etc.) <u>---</u>	
Length of Test <u>---</u>	Tubing Pressure <u>---</u>	Casing Pressure <u>---</u>	Choke Size <u>---</u>
Actual Prod. During Test <u>---</u>	Oil-Bbls. <u>---</u>	Water-Bbls. <u>---</u>	Gas-MCF <u>---</u>

GAS WELL CAOF See Form C-122, test date 1-31-73

Actual Prod. Test-MCF/D <u>CAOF 2770</u>	Length of Test <u>4 hrs.</u>	Bbls. Condensate/MMCF <u>Calc. 16 (24 hrs)</u>	Gravity of Condensate <u>.622</u>
Testing Method (pitot, back pr.) <u>back pressure</u>	Tubing Pressure (Shut-in) <u>packer</u>	Casing Pressure (Shut-in) <u>5436</u>	Choke Size <u>1-1/2" orifice</u>

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.


W. J. Mueller
(Signature)
Agent
(Title)
2-6-73
(Date)

OIL CONSERVATION COMMISSION

APR 19 1973

APPROVED _____, 19

BY W. A. Gressitt

TITLE OIL AND GAS INSPECTOR

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.