

DISTRIBUTION			
SANTA FE			
FILE			
U.S.G.S.			
LAND OFFICE			
TRANSPORTER	OIL		
	GAS		
OPERATOR			
PRORATION OFFICE			

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

JAN 24 1974

I. Operator
Texas International Petroleum Corporation
Address
1720 Wilco Building, Midland, Texas 79701
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)
Designating condensate purchaser
If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Allied State	Well No. 1	Pool Name, including Formation Undesignated (Canyon)	Kind of Lease State, Federal or Fee	State	Lease No. k-4538
Location Unit Letter I ; 1980 Feet From The South Line and 990 Feet From The East Line of Section 10 Township 23S Range 26E , 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"/> The Permian Corporation	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1086, Houston, Texas 77001				
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) P. O. Box 1384, Jal, New Mexico 88252				
If well produces oil or liquids, give location of tanks.	Unit I	Sec. 10	Twp. 23S	Pge. 26E	Is gas actually connected? When yes -temporary line 1-11-74

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'v.	Diff. Res'v.
		X	X					
Date Spudded 9-15-73	Date Compl. Ready to Prod. 1-10-74	Total Depth 11,935		P.B.T.D. 11,909				
Elevations (DF, RKB, RT, GR, etc.) 3300 GL	Name of Producing Formation Canyon		Top Oil/Gas Pay 10,247		Tubing Depth 9,688			
Perforations 10,247-277					Depth Casing Shoe 11,934			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17-1/2"	13-3/8"		419		400 to surface			
11"	8-5/8"		5430		820			
7-7/8"	5-1/2"		11935		640			

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	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 CAOF 6945	Length of Test 4 hrs.	Bbls. Condensate/MMCF 6.5	Gravity of Condensate 40
Testing Method (pitot, back pr.) Back Pressure	Tubing Pressure (Shut-in) 4335	Casing Pressure (Shut-in) 0	Choke Size various

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.

D. C. Helm (Signature)

Division Engineer (Title)
1-22-74 (Date)

OIL CONSERVATION COMMISSION

JAN 28 1974

APPROVED
BY W. A. Gressett
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.