

# REQUEST FOR ALLOWABLE AND

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

## AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

RECEIVED

OCT 21 1976

O. C. C.

ARTESIA, OFFICE

FILE			
G.S.			
FIELD 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 ☐ Designate  
Recompletion ☐ Change in Transporter of:  
Change in Ownership ☐ Oil ☒ Dry Gas ☐  
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 Allied State	Well No. 1	Pool Name, including formation S. Carlsbad (Morrow)	Kind of Lease State, Federal or Free 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"/> 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 J Sec. 29 Twp. 20S Rge. 30E	Is gas actually connected? When Yes 1-28-76 7-31-74

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	Steam Well	Workover	Deepen	Plug Back	Some Res't	Diff. Res't
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Test Int./Gas Pay	Tubing Depth					
Perforations			Depth Casing Shoe					

### TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

### V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

(Test must be done recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or no 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.

### OIL CONSERVATION COMMISSION

APPROVED OCT 22 1976, 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.

P. D. Mantor (Signature)  
Sr. Vice President - Operations (Title)

October 14, 1976 (Date)