

STATE	FILE	G.S.	OFFICE
TRANSPORTER	OIL	GAS	OPERATOR
PRODUCTION OFFICE			

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

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

RECEIVED

MAR 20 1979

I. OPERATOR
Texas International Petroleum Corporation (TIPCO)
Address
3535 N.W. 58th Street, Suite 300, Oklahoma City, Oklahoma 73112
Reason(s) for filing (check proper box)
New Well ☐ Change in Transporter of: Oil ☐ Dry Gas ☐
Recompletion ☐ Castinghead Gas ☐ Condensate ☒
Change in Ownership ☐ Other (Please explain) From well to well
If change of ownership give name and address of previous owner _____

O. C. C.
RESIDUAL OFFICE

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, including formation	Kind of Lease	Lease No.
Allied State	1	S. Carlsbad (Morrow)	State, Federal or Fee	K-4538
Location				
Unit Letter	I	1980	Feet From The	South
Line of Section	10	Township	23S	Range
			26E	N.M.P.M.
			Eddy	County

I. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☐ or Condensate ☒	Address (Give address to which approved copy of this form is to be sent)	
Tesoro Crude Oil Co.	8700 Tesoro Drive, San Antonio, Texas 78286	
Name of Authorized Transporter of Castinghead Gas ☐ or Dry Gas ☐	Address (Give address to which approved copy of this form is to be sent)	
El Paso Natural Gas Company	P.O. Box 1384, Jal. New Mexico 88252	
If well produces oil or liquids, give location of tanks.	Unit	Sec.
	J	29
	20S	30E
Is gas actually connected?	When	
Yes	1-28-76	

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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Resrv.	Diff. Resrv.
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Test 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.

[Signature]
(Signature)
[Title]
(Title)
3-16-79
(Date)

OIL CONSERVATION COMMISSION

APPROVED MAR 21 1979, 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.