DISTRIBUTION NEW MEXICO OIL CONSERVATION COMMISSION SANTA FE REQUEST FOR ALLOWABLE Supersedes Old C-104 and C-110 FILE Effective 1-1-65 U.S.G.S. AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS LAND OFFICE TRANSPORTER GAS OPERATOR 2 PRORATION OFFICE Operator Petroleum Corporation of Texas Address Box 911 76024 Breckenridge, Texas Reason(s) for filing (Check proper box) Other (Please explain) New Well Change in Transporter of: Recompletion Oil Dry Gas X Change in Ownership Casinghead Gas Condensate If change of ownership give name and address of previous owner ___ II. DESCRIPTION OF WELL AND LEASE | Well No. | Pool Name, Including Formation Federal "B" State, Federal or Fee Tapacito (PC) <u>Federal</u> Location 1810 Feet From The East Line and 1065 Unit Letter _ Feet From The _ South 11 Township 25N , NMPM, Line of Section Range 3W Rio Arriba III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Cil ... Address (Give address to which approved copy of this form is to be sent) or Condensate Name of Authorized Transporter of Casinghead Gas or Dry Gas 😿 Address (Give address to which approved copy of this form is to be sent) Elpaso Natural Gas Company f well produces oil or liquids, Unit Box 1492 gas actually El Paso, Texas 79999 Twp. Rge. If well produces oil or liquids, give location of tanks. Yes Unknown If this production is commingled with that from any other lease or pool, give commingling order number: IV. COMPLETION DATA Cil Well Gas Well New Well Workover Same Restv. Diff. Restv. Designate Type of Completion -(X)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 Depth Casing Shoe Perforations TUBING, CASING, AND CEMENTING RECORD SACKS CEMENT HOLE SIZE CASING & TUBING SIZE (Test must be after recovery of total volume of food oil and must be equal to or exceed top allowable for this depth or be for full 24 haurs). V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL Producing Method (Flow pumpr gas lift, etc.) Date First New Cil Run To Tanks Date of Test Choke Size Length of Test Tubing Pressure Casing Pressure Water - Bbls. Gas - MCF Actual Prod. During Test Cil-Bbls. **GAS WELL** Actual Prod. Test-MCF/D Length of Test Bbis. Condensate/MMCF Gravity of Condensate Casing Pressure (Shut-in) Choke Size Testing Method (pitot, back pr.) Tubing Pressure (Shut-in) VI. CERTIFICATE OF COMPLIANCE I hereby certify that the rules and regulations of the Oil Conservation Commission have been compiled with and that the information given above is true and complete to the best of my knowledge and belief.

May B. Da	uslor
J (Signati	in of f
Production Clerk	_

April 11, 1974

(Date)

(Title)

OIL CONSERVATION COMMISSION

Lease No.

County

APPROVED	APR 1 5 1974	, 19
Original	Signed by Emery	C. Arnold
	SUPERVISOR DIST	

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or despened 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