

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

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

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DIVISION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	

I. Operator
Texas Pacific Oil Company, Inc.

Address
P. O. Box 4067, Midland, Texas 79701

Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input type="checkbox"/>	To correct C-104 Dated 10/3/70 Commingle under R-663
Recompletion <input type="checkbox"/>	
Change in Ownership <input type="checkbox"/>	
Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input checked="" type="checkbox"/>	

If change of ownership give name and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name State "A" A/c-1	Well No. 41	Pool Name, including Formation Jalmat Yates	Kind of Lease State, Federal or Foreign State	Lease No. NM-2A
Location Unit Letter A ; 660 Feet From The north Line and 660 Feet From The east Line of Section 9 Township 23-S Range 36-E , NMPM , Lea County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Texas New Mexico Pipeline Company	P. O. Box 2528, Hobbs, New Mexico 88240
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
El Paso Natural Gas Company	P. O. Box 1492, El Paso, Texas 79999
If well produces oil or liquids, give location of tanks.	Is gas actually connected? When
Unit A Sec. 9 Twp. 23-S Rge. 36-E	Yes 9/5/67

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	Refracture	Other
Date Spudded	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					
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 (Test must be after recovery of total volume of lost oil and must be equal to or exceed top of well)

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, MCF	Gravity of Condensate
Testing Method (Jet, Back pr.)	Tubing Pressure (in. Hg.)	Casing Pressure (in. Hg.)	Choke Size

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.

David Kenney
 (Signature)
Regional Administrative Supervisor
 12-1-78
 (Date)

OIL CONSERVATION COMMISSION

APPROVED DEC - 1 1970, 19__

BY **Jerry Sexton**
 (Signature)
Dist. 1, Supv.
 (Title)

This form is to be filed in compliance with RULE 1104.
 If this is a request for allowables for a newly drilled or recompleting well, this form must be accompanied by a completion of the well. (Info taken on the well to be recompleting with RULE 111.)
 All sections of this form must be filled out completely for all applicable wells and recompleting wells.
 Fill out only sections I, II, III, and VI for change of owner, well name or number, or transporter, or other such change of conditions.