

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-110
 Effective 1-1-65

DISTRIBUTION
SPRINTAKE
FIELD
SECTION
LAND OFFICE
TRANSPORTATION
OPERATOR
PROPORTIONING

I. OPERATOR

Operator: **TEXAS PACIFIC OIL CO., INC.**

Address: **P. O. Box 1069 - Hobbs, New Mexico 88240**

New Year: Change in Transporter of:

Recompletion: Oil Dry Gas

Change in Classification: Casthead Gas Condensate

If change of ownership, give name and address of previous owner:

II. DESCRIPTION OF WELL AND LEASE

Lease Name: **Myers B-1** Well Name, including Formation: **Langlie Mattin 7-Rvr Queen** Lease No.: **LC054665**

Section: **P** Township: **2310** Feet From Top: **North** Direction: **West**

Block: **13** Range: **24-S** Range: **36-S** County: **Le**

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Is this production to be transported? Oil or Condensate Address: **The Permian Corp. (Western Trans. - Trucks) P.O. Box 1103 - Houston, Texas 77000**

Is well produced in Leases, give location of LEAS. **El Paso Natural P.O. Box 1492 - El Paso, Texas 79900**

If well produces oil or gas, give location of LEAS. **P 13 24 36 Yes 1-25-74**

IV. COMPLETION DATA

Designate Type of Completion - (X)

Date Spudded	Date Compl. Ready to Prod.	Total Depth	Perforations	Casing Shoe

Elevations (Top, Base, etc.): _____ Name of Producing Formation: _____

TUBING, CASING, AND CEMENTING DATA

HOLE SIZE	CASING & TUBING SIZE	SACKS CEMENT

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (Test must be attended and reported in accordance with Rule 110.4 and must be equal to or exceed top allowable for this depth or be for 110.4)

Date First New Oil Produced	Date of Test	Production Rate	Pressure

Length of Test: _____ Tubing Pressure: _____ Casing Pressure: _____ Choke Size: _____

Actual Prod. During Test: _____ Oil-Boils: _____ Water-Cut: _____ Gravity of Oil: _____

GAS WELL

Actual Prod. Test (GPD)	Length of Test	Boiler Pressure	Gravity of Condensate

Testing Method (Int., Back, etc.): _____ Tubing Pressure (Shut-in): _____ Casing Pressure (Shut-in): _____ 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.

Signature: _____
 Area Superintendent (Title)

2-14-74 (Date)

OIL CONSERVATION COMMISSION

APPROVED: _____, 19____

TITLE: _____

I have read and complied in compliance with RULE 110.4. This well is being drilled or deepened for a newly drilled or deepened well and must be accompanied by a tabulation of the deviation logs in accordance with RULE 111. All operations on this well must be filled out completely for allowable and non-allowable wells. Fill out the forms I, II, III, and VI for changes of owner, well name or location, transporter, or other such change of condition. Separate Form C-104 must be filed for each pool in multiply