

DISTRIBUTION		
ANTA FE		
FILE		
U.S.G.S.		
AND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION 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 C-110
Effective 1-1-65

I. OPERATOR

Operator
Texas West Oil & Gas Corporation

Address
609 Midland National Bank Building Midland, Texas 79701

Reason(s) for Filing (Check proper box):
 New Well Completion Change in Ownership Other (Please explain)
Dual Gas Pipeline Connection

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name State "2"	Well Name 2 Antelope Ridge (Morrow)	Kind of Lease State, Federal or Fee State	Lease No. L-3882
Location Unit Letter K	Section 1980	Range South	Foots From The 1980 West
Line of Section 2	Township 24-S	Range 34-E	County Lea

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil Shell Oil Company	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1910 Midland, Texas 79701
Name of Authorized Transporter of Gas *El Paso Natural Gas Company	Address (Give address to which approved copy of this form is to be sent) El Paso, Texas 79978
**Southern Union	Dallas, Texas
If well produces oil or liquids, give location of tanks. Unit E	Section 2
Range 24-S	Foots From The 34-E
When 7-17-75**	9-24-73*

If this production is commingled with that from any other well or pools, give commingling order number:

IV. COMPLETION DATA

Designate Type of Completion -- (X) <input checked="" type="checkbox"/> New Well	Workover	Deepen	Plug Back	Same Restv.	Diff. Restv.
Date Spudded	Date Broken Bottom	Test Depth	P.B.T.D.		
Elevations (DF, RKB, RT, etc.)	Perforations	Gas Per.	Tubing Depth		
TUBING, CASING, AND CEMENTING RECORD					
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT		

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

(This must be after recovery of total volume of load oil and must be equal to or exceed top allowable at 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	Gas - Bbls	Gas - MCF

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Oil - Condensate (MCF)	Gravity of Condensate
Testing Method (pitot, back pr.)	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.

Alice Sandell
Office Manager
25 July 1975

OIL CONSERVATION COMMISSION

APPROVED _____, 19____
BY _____
TITLE _____

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.
Separate Forms C-104 must be filed for each pool in multiply completed wells.