

STAFF

FILE

G.S.

OFFICE

TRANSPORTER

OIL

GAS

OPERATOR

PRORATION OFFICE

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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

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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

Recompletion

Change In Ownership

Change In Transporter of:

Oil

Casinghead Gas

Dry Gas

Condensate

Other (Please explain)

If change of ownership give name  
and address of previous owner

1. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, including Formation	Kind of Lease	Lease No.
Nicholson	1	Midway (ABO)	State, Federal or Fee Fee	
Location				
Unit Letter	J	1879 Feet From The	South	Line and 1980 Feet From The
Line of Section	10	Township	17S	Range 37E, NMFM, Lea County

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.	X	8700 Tesoro Drive, San Antonio, Texas 78286
Name of Authorized Transporter of Casinghead Gas	or Dry Gas	Address (Give address to which approved copy of this form is to be sent)
If well produces oil or liquids, give location of tanks.	Unit	Sec.
	Twp.	Rge.
		Is gas actually connected?
		When

If this production is commingled with that from any other lease or pool, give commingling order number

COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'n.	Diff. Res'n.
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

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 (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

CERTIFICATE OF COMPLIANCE

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

Title

3-16-79

Date

OIL CONSERVATION COMMISSION

APPROVED

MAR 20 1979

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BY

One Signed by

Jerry Sexton

Dist 1, Supv

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.

**RECEIVED**

**MAR 20 1979**

**OIL CONSERVATION COMM.  
ROBBS, N. M.**