

RECEIVED	
DISTRIBUTION	
DATE	
TIME	
LAND 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

Operator Texas International Petroleum Corporation	
Address 1720 Wilco Building, Midland, Texas 79701	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input checked="" type="checkbox"/>	11/1/72 1-5770
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 type="checkbox"/>

If change of ownership give name and address of previous owner _____
THIS WELL IS LOCATED IN THE POOL _____
I HEREBY CERTIFY THAT I DO NOT CONCUR _____

I. DESCRIPTION OF WELL AND LEASE					
Lease Name Nicholson	Well No. 1	Pool Name, Including Formation Undesignated (Abo)	Kind of Lease State, Federal or Fee	Fee	Lease No.
Location					
Unit Letter: J, 1879 Feet From The South Line and 1980 Feet From The East					
Line of Section 10 Township 17-S Range 37-E, NMPM, Lea County					

II. 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)					
Permian Corporation	P.O. Box 1183, Houston, Texas 77001					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
None, at present	-					
If well produces oil or liquids, give location of tanks.	Unit J	Sec. 10	Twp. 17-S	Rge. 37-E	Is gas actually connected? No	When

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

V. COMPLETION DATA			
Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> New Well <input checked="" type="checkbox"/> Workover <input type="checkbox"/> Deepen <input type="checkbox"/> Plug Back <input type="checkbox"/> Same Res'v. <input type="checkbox"/> Diff. Res'v. <input type="checkbox"/>		
Date Spudded August 13, 1972	Date Compl. Ready to Prod. October 5, 1972	Total Depth 11,900	P.B.T.D. 9024
Elevations (DF, RKB, RT, GR, etc.) 3751 Gr.	Name of Producing Formation Abo	Top Oil/Gas Pay 8939	Tubing Depth 8985
Perforations 8939, 40, 50, 55, 59, 63 & 73, 2 shots/ft		Depth Casing Shoe 9068	
TUBING, CASING, AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
15"	11 3/4"	403	375 (Circ to surf)
11"	8 5/8"	4800	675
7 7/8"	4 1/2"	9068	210
	2 3/8"	8985	

V. 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 October 6, 1972	Date of Test November 18, 1972	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 24 hrs	Tubing Pressure Pumping	Casing Pressure 55 psi	Choke Size Full
Actual Prod. During Test 127	Oil-Bbls. 127	Water-Bbls. 28 (Load Wtr)	Gas-MCF 167

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

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.

Dr. Kelm
(Signature)
Division Engineer
(Title)
November 20, 1972
(Date)

OIL CONSERVATION COMMISSION
NOV 22 1972
APPROVED _____, 19____
BY James
TITLE SUPERVISOR DISTRICT I

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.

RECEIVED

NOV 21 1972
OIL CONSERVATION DIST. M.
HOBBS, N. M.