

ANTAFE		
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I.S.G.S.		
AND 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 C-11
Effective 1-1-65

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 ☐	Return well to producing status.
Recompletion ☐	DHC w/Blinebry
Change in Ownership ☐	Order No. R-6156
Change in Transporter of: Oil ☐ Gas ☐	
Casinghead Gas ☐	
Condensate ☐	

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Eva Owens	Well No. 1	Pool Name, including Formation Tubb Gas	Kind of Lease State, Federal or Fee Fee	Lease No.
Location				
Unit Letter M	330	Feet From The south	Line and -320	Feet From The west
Line of Section 25	Township 21-S	Range 37-E	N.M.P.M. Lea	County

III. 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)					
Texas-New Mexico Pipeline Company	Box 1510, Midland, Texas 79702					
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☒	Address (Give address to which approved copy of this form is to be sent)					
El Paso Natural Gas	Jal, New Mexico					
If well produces oil or liquids, give location of tanks.	Unit M	Sec. 25	Twp. 21-S	Rge. 37-E	Is gas actually connected? Yes	When 10-21-79

If this production is commingled with that from any other lease or pool, give commingling order number: R-6156

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded	Date Compl. Ready to Prod.		Total Depth 6579'		P.B.T.D. 6342'			
Elevations (DF, RKB, RT, GR, etc.) 3376' GR	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth 5972'			
Perforations 6150'-6295'					Depth Casing Shoe			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17 1/4"	13 3/8"		300'		200 SX.			
9 3/4"	8 5/8"		2800'		200 SX.			
7 3/4"	5 1/2"		6400'		200 SX.			
	2 3/8"		5972'					

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)

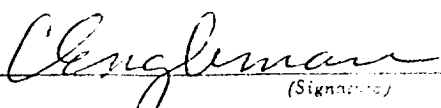
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-BBLs.	Water-BBLs.	Gas-MCF

GAS WELL

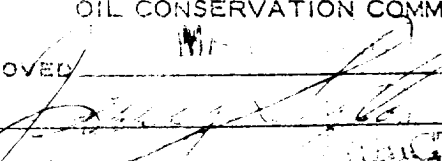
Actual Prod. Test-MCF/D 39	Length of Test 24	BBLs. Condensate/MMCF 4	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure (shut-in) 100	Casing Pressure (shut-in)	Choke Size 1"

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)
Regional Operations Superintendent
(Title)
March 21, 1980
(Date)

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.