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U.S.G.S.	
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

TEXAS PACIFIC OIL COMPANY

Address
P. O. Box 1069; Hobbs, New Mexico

Reason(s) for filing (Check proper box)

New Well ☐ Change in Transporter of:
Recompletion ☒ Oil ☐ Dry Gas ☐
Change in ownership ☐ Casinghead Gas ☐ Condensate ☐

Other (Please explain) CHANGE OF OPERATION FROM
TEXAS PACIFIC OIL COMPANY
A DIVISION OF JOSEPH E. SEAGRAM & SONS, INC.
TO TEXAS PACIFIC OIL COMPANY, INC.
EFFECTIVE MAY 1, 1965

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name State "A" A/c-2	Well No. 49	Pool Name, Including Formation Jalmat Yates	Kind of Lease State, Federal or Fee	State
Location Unit Letter C, 1980 Feet From The West Line and 660 Feet From The North				
Line of Section 8, Township 22-S, Range 36-E, NMPM, Lea County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)			
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	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 K	Sec. 8	Twp. 22-S	Rge. 36-E
	Is gas actually connected?		When	
	Yes		May 11, 1965	

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

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input type="checkbox"/>	Workover <input checked="" type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'tv. <input type="checkbox"/>	Diff. Res'tv. <input checked="" type="checkbox"/>
Date Work W.O. Began Jan. 2, 1965	Date Compl. Ready to Prod. Jan. 3, 1965		Total Depth 3870'		FURTHER			
Pool Jalmat	Name of Producing Formation Yates		Top Oil/Gas Pay 3074'		Tubing Depth 3738'			
Perforations 3074, 3078, 3089, 3125, 3130, 3174, 3179, 3191, 3204, 3211, 3229, 3237, 3261, 3268, 3281, 3285, 3293, 3301, 3312, 3318, 3331, 3363, 3369, 3378, & 3383'					Depth Casing Shoe 3775'			
HOLE SIZE		CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT		
12"		8-5/8"		316'		300 ska.		
7-7/8"		5-1/2"		3775'		250 ska.		

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 590 A.O.P.	Length of Test 24 hrs.	Bbls. Condensate/MMCF -	Gravity of Condensate -
Testing Method (pitot, back pr.) Back Press.	Tubing Pressure -	Casing Pressure -	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.

Original signed by:
John H. Hendrix

(Signature)

Area Engineer

(Title)

May 11, 1965

(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 Sections I, II, III, and VI only 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.