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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

I.

Operator TEXAS PACIFIC OIL COMPANY	
Address P. O. Box 1069 - Hobbs, New Mexico 88240	
Reason(s) for filing (Check proper box) Other (Please explain)	
New Well: <input type="checkbox"/>	Change in Transporter of:
Recompletion: <input checked="" type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership: <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>

Also request for temporary commingling with Arrowhead Grayburg.

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. 14	Pool Name, including Permeation So. Eunice Seven Rivers Queen	Kind of Lease State, Federal or Fee	Lease No. NM 2A
Location				
Unit Letter B	660	Feet From The North	Line and 1980	Feet From The East
Line of Section 11	Township 22-S	Range 36-E	County Lea	

III. 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)					
Shell Pipeline Co.	P. O. Box 1509 - Midland, Texas					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
Skelly Oil Company	P. O. Box 1650 - Tulsa, Oklahoma					
If well produces oil or liquids, give location of tanks.	Unit G	Sec. 11	Twp. 22	Rge. 36	Is gas naturally connected? No	When Upon Approval

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	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
	X			X				
Date Spudded 1-28-69	Date Compl. Ready to Prod. 1-28-69	Total Depth 3790'	P.B.T.D. 3660'					
Elevations (DF, RKB, RT, GR, etc.) 3540' GR	Name of Producing Formation Seven-Rivers Queen	Top Oil/Gas Pay 3420'	Tubing Depth 3389'					
Perforations 3420-68-78-3509-45-62-3601'			Depth Casing Shoe					
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
	12-1/2"	50#	346'		200 sks.			
	7"	24#	3681'		300 sks.			
	2-3/8"		3389'					

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 1-28-69	Date of Test 2-10-69	Producing Method (Flow, pump, gas lift, etc.) Flow	
Length of Test 24 hrs.	Tubing Pressure 420#	Casing Pressure Pkr.	Choke Size 24/64"
Actual Prod. During Test 5	Oil - Bbls. 5	Water - Bbls. 0	Gas - MCF 1316

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	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.

Area Superintendent

3-20-69

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.