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TRANSPORTER	OIL	
	GAS	
OPERATOR		
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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	
Reason(s) for filing (Check proper box)	
New Well <input checked="" type="checkbox"/>	Change in Transporter of:
Recompletion <input 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"/>
Other (Please explain)	

If change of ownership give name and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name S. E. Cone	Well No. 2	Pool Name, Including Formation Drinkard	Kind of Lease State, Federal or Fee Fee
Location			
Unit Letter I ; 2310 Feet From The South Line and 990 Feet From The East			
Line of Section 26 , Township 21-S Range 37-E , NMPM, Lea County			

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)		
Texas-New Mexico PipeLine Company	P. O. Box 1510, 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)		
El Paso Natural Gas Company	Jal, New Mexico		
If well produces oil or liquids, give location of tanks.	Unit J	Sec. 26	Twp. 21
		Rge. 37	Is gas actually connected? Yes
			When 3/8/65

If this production is commingled with that from any other lease or pool, give commingling order number: **PC-247**

IV. COMPLETION DATA

Designate Type of Completion -- (X)		Oil Well <input checked="" type="checkbox"/>	Gas Well	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded 1/13/65	Date Compl. Ready to Prod. 3/8/65	Total Depth 6600'		P.B.T.D. 6590'					
Pool Blinebry	Name of Producing Formation Drinkard	Top Oil/Gas Pay 6449'		Tubing Depth 6525'					
Perforations 6449-58-74-80-6500-21-26-40-47-52-58-63		Depth Casing Shoe 6600'							
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT				
11"	8-5/8", 24# J-55		1277'		525 sks. Reg.				
7-7/8"	5-1/2", 17# J-55		6600'		825 sks. Reg.				
	2-1/16"		6525'						

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 3/8/65	Date of Test 3/8/65	Producing Method (Flow, pump, gas lift, etc.) Flowing	
Length of Test 24 Hrs.	Tubing Pressure 250#	Casing Pressure	Choke Size 25/64"
Actual Prod. During Test 163 BO	Oil-Bbls. 163	Water-Bbls. 0	Gas-MCF 630

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	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)

March 16, 1965

(Date)

(SEE REVERSE SIDE FOR DEVIATIONS)

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.

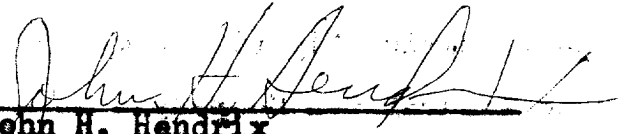
All sections of this form must be filled out completely for allowable on new and recompleted wells.

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.

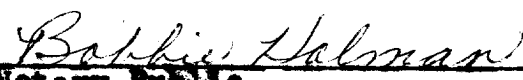
Separate Forms C-104 must be filed for each pool in multiply completed wells.

<u>DEVIATIONS</u>	
<u>Footage</u>	<u>Degree</u>
400'	3/4°
896'	3/4°
1270'	1-1/4°
1715'	1/2°
2275'	2°
2595	1-1/2°
3052	1-1/2°
3350	1-1/2°
3665	1
4000	1-1/2
4295	1-1/2
4625	2
5290	2
5700	3-1/2
5880	3-1/4
6080	4
6415	5°
6600	5°

I hereby certify that the information given above is true and complete to the best of my knowledge.


John H. Hendrix
 Area Engineer

Subscribed and Sworn to before me this 16th day of March, 1965.


Babbie Halsman
 Notary Public
 Lea County
 State of New Mexico

My Commission Expires
 August 15, 1965