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NEW MEXICO OIL CONSERVATION COMMISSION

Form C-103
Supersedes Old
C-102 and C-103
Effective 1-1-65

<p align="center">SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT -" (FORM C-101) FOR SUCH PROPOSALS.)</p>		<p>5a. Indicate Type of Lease State <input checked="" type="checkbox"/> Fee <input type="checkbox"/></p>
<p>1. OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER- Injection W 11</p>		<p>5. State Oil & Gas Lease No. NM 2A</p>
<p>2. Name of Operator TEXAS PACIFIC OIL CO., INC.</p>		<p>7. Unit Agreement Name</p>
<p>3. Address of Operator P.O. Box 1069 - Hobbs, New Mexico</p>		<p>8. Farm or Lease Name State "A" A/c-2</p>
<p>4. Location of Well UNIT LETTER L , 2050 FEET FROM THE South LINE AND 760 FEET FROM THE West LINE, SECTION 9 TOWNSHIP 22-S RANGE 36-E NMPM.</p>		<p>9. Well No. 32Y</p>
<p>15. Elevation (Show whether DF, RT, GR, etc.) 3560' GR</p>		<p>10. Field and Pool, or Wildcat</p>
<p>12. County Lea</p>		

16.

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:

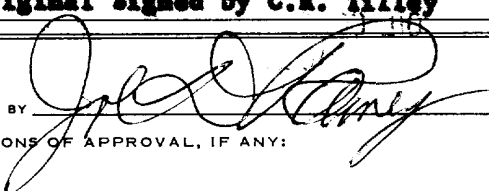
SUBSEQUENT REPORT OF:

PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>	CASING TEST AND CEMENT JOBS <input type="checkbox"/>	OTHER Convert to Injection W 11 <input checked="" type="checkbox"/>

17. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

- Moved in, rigged up. Pulled tubing and packer.
- Ran 116 jts. (3751') 2-3/8" plastic coated tubing on Baker Model AD packer @ 3763'.
- Displaced annulus w/treated water.
- Connected wellhead and ready to commence water injection.

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

<p>SIGNED Original Signed by C.R. Tilley</p> <p>APPROVED BY </p> <p>CONDITIONS OF APPROVAL, IF ANY:</p>	<p>TITLE Area Prod. Foreman</p> <p>TITLE SUPERVISOR DISTRICT 1</p>	<p>DATE 8-6-70</p> <p>DATE SEP 18 1970</p>
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AUG 11 1970

OIL CONSERVATION COMM.

WASH. D. C.

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	GAS	
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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 CO., INC.
Address
P. O. Box 1069 - Hobbs, New Mexico 88240
Reason(s) for filing (Check proper box) Other (Please explain)
New Well ☒ Change in Transporter of:
Recompletion ☐ Oil ☐ Dry Gas ☐
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐

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. 32Y	Pool Name, Including Formation South Eunice	Kind of Lease State, Federal or Fee State	Lease No. NM 2A
Location Unit Letter L ; 2050 Feet From The South Line and 760 Feet From The West Line of Section 9 Township 22-8 Range 36-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"/> Texas New Mexico Pipeline	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1510 - Midland, Texas	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> None	Address (Give address to which approved copy of this form is to be sent)	
If well produces oil or liquids, give location of tanks.	Unit 8 H	Sec. 9
	Twp. 22	Rge. 36
	Is gas actually connected? No When	

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 <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded 7-9-70	Date Compl. Ready to Prod. 7-28-70		Total Depth 3900		P.B.T.D. 3870			
Elevations (DF, RKB, RT, GR, etc.) 3560' GR	Name of Producing Formation 7-Rvrs. Queen		Top Oil/Gas Pay 3700		Tubing Depth			
Perforations 3702-05-10-14-16-21-23-25-29-40-49-53-58-65-67-72-80-82					Depth Casing Shoe			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
11"	7-5/8"		357		175			
6-3/4"	4-1/2"		3900		300			

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 7-28-70	Date of Test 7-29-70	Producing Method (Flow, pump, gas lift, etc.) Artificial Lift	
Length of Test 24 hrs	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test 144	Oil - Bbls. 18	Water - Bbls. 126	Gas - MCF 0

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.

Original Signed by
Sheldon Yarn

(Signature)

Area Superintendent

(Title)

(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.