

| | | |
|------------------|-----|--|
| SANTA FE | | |
| FILE | | |
| 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 SUN TEXAS COMPANY | |
| Address P. O. Box 4067 Midland, Texas 79704 | |
| Reason(s) for filing (Check proper box) | |
| New Well <input type="checkbox"/> | Change in Transporter of: |
| Recompletion <input type="checkbox"/> | Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> |
| Change in Ownership <input checked="" type="checkbox"/> | Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/> |

If change of ownership give name and address of previous owner TEXAS PACIFIC OIL COMPANY, INC. P. O. Box 4067 Midland, TX. 79704

II. DESCRIPTION OF WELL AND LEASE

| | | | | |
|---|---------------|--|--|-----------|
| Lease Name Emery King NW | Well No. 4 | Pool Name, Including Formation Jalmat Yates | Kind of Lease State, Federal or Fee Fee | Lease No. |
| Location | | | | |
| Unit Letter F : 1650 Feet From The north Line and 2310 Feet From The West | | | | |
| Line of Section 1 Township 23 Range 36 , NMPM, Lea County | | | | |

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

| | | | | |
|--|--|------|------|---------------------------------|
| Name of 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) | | | |
| None | | | | |
| 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 | El Paso, TX P.O. Box 1492 | | | |
| If well produces oil or liquids, give location of tanks. | Unit | Sec. | Twp. | Pge. |
| | | | | |
| | | | | Is gas actually connected? When |
| | | | | Yes |

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 | Gas Well | New Well | Workover | Deepen | Plug Back | Same Res'v. | Diff. Res'v. |
| | | | | | | | | |
| Date Spudded | Date Compl. Ready to Prod. | | Total Depth | | P.B.T.D. | | | |
| Elevations (DF, RKB, RT, GR, etc.) | Name of Producing Formation | | Top Oil/Gas Pay | | Tubing Depth | | | |
| Perforations | | | | | Depth Casing Shoe | | | |
| TUBING, CASING, AND CEMENTING RECORD | | | | | | | | |
| HOLE SIZE | CASING & TUBING SIZE | | DEPTH SET | | SACKS CEMENT | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |

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)

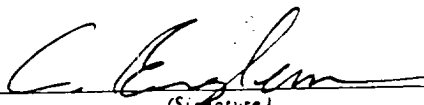
| | | | |
|---------------------------------|-----------------|---|------------|
| Date First New Oil Run To Tanks | Date of Test | Producing Method (Flow, pump, gas lift, etc.) | |
| Length of Test | Tubing Pressure | Casing Pressure | Choke Size |
| Actual Prod. During Test | Oil - Bbls. | Water -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

GAS WELL

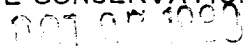
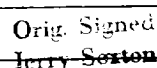
| | | | |
|----------------------------------|---------------------------|---------------------------|-----------------------|
| Actual Prod. Test-MCF/D | Length of Test | Bbls. Condensate/MMCF | Gravity of Condensate |
| Testing Method (pitot, back pr.) | Tubing Pressure (Shut-in) | Casing Pressure (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.


(Signature)
Regional Operations Superintendent/West
(Title)
SEP 12 1980
(Date)

OIL CONSERVATION COMMISSION

APPROVED , 19
BY 
Orig. Signed by
Dist. L. Supp.
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.

| | |
|------------------------|-----|
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| LAND OFFICE | |
| TRANSPORTER | OIL |
| | 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 ☐
**Potential & Dual Dedication with
N. W. King Well No. 1**

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

| | | | | |
|---|----------------------|---|--|-----------------------------|
| Lease Name N. W. King | Well No. 4 | Pool Name, including Formation Jalmat Yates | Kind of Lease State, Federal or Fee Fee | Lease No. NMI-549 |
| Location Unit Letter F : 2310 Feet From The West Line and 1650 Feet From The North Line of Section 1 Township 23-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 Co. | P.O. Box 1492 - El Paso, Texas 79999 | | | | | |
| If well produces oil or liquids, give location of tanks. | Unit | Sec. | Twp. | Rge. | Is gas actually connected? | When |
| | | | | | No | 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 | Gas Well | New Well | Workover | Deepen | Plug Back | Same Res'v. | Diff. Res'v. |
| | | X | | X | | X | | |
| Date Spudded | Date Compl. Ready to Prod. 5-4-72 | | Total Depth 3806 | | P.B.T.D. 3390 | | | |
| Elevations (DF, RKB, RT, GR, etc.) 3422.4 | Name of Producing Formation Yates | | Top Gas Pay 3125 | | Tubing Depth 3257 | | | |
| Perforations 3125, 29, 34, 40, 51, 56, 59, 62, 70, 79, 82, 87, 92, 94, 3212, 22, 27, 32, 37, 40, 43, 45, 48, 61, 63, 66, 68, 73, 83, 92, 3315, 17, 33, 53' | | | | | Depth Casing Shoe 3806 | | | |
| TUBING, CASING, AND CEMENTING RECORD | | | | | | | | |
| HOLE SIZE | CASING & TUBING SIZE | | DEPTH SET | | SACKS CEMENT | | | |
| 12-1/4 | 8-5/8 24# | | 301 | | 200 | | | |
| 7-7/8 | 5-1/2 15.5# | | 3797 | | 600 | | | |

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 645 | Length of Test 24 | Bbls. Condensate/MMCF 0 | Gravity of Condensate |
| Testing Method (pitot, back pr.) 2" Merc. Meter | Tubing Pressure (Shut-in) 265# DWT | Casing Pressure (Shut-in) Packer | 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.

CR Dilly
(Signature)
Area Production Foreman
(Title)

OIL CONSERVATION COMMISSION

APPROVED **AUG 17 1972**, 19
BY **Orig. Signed by**
Les Clement
TITLE **Oil & Gas Insp.**

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.
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