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LAND OFFICE	
TRANSPORTER	OIL GAS
OPERATOR	
PROBATION OFFICE	

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form O-104
Superseding OIL O-101 and O-102
Effective 1-1-65

Operator Texas Pacific Oil Company, Inc. Address P. O. Box 4067, Midland, Texas 79701		Reason(s) for filing (Check proper box) New Well ☐ Recompletion ☐ Change in Ownership ☐	Change in Transporter of: Oil ☐ Condensate Gas ☐ Dry Gas ☐ Condensate ☒	Other (Please explain) Commingle under R-663
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If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name State "A" A/c-1	Well No. 100	Pool Name, including Formation Jalmat Oil Yates	Kind of Lease State, Federal or Free State	Lease No. NM-2A
Location Unit Letter H : 1980 Feet From The north Line and 990 Feet From The east Line of Section 9 Township 23-S Range 36-E, N.M.P., Lea County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☐ or Condensate ☒ Texas New Mexico Pipeline Company	Address (Give address to which approved copy of this form is to be sent) P. O. Box 2528, Hobbs, New Mexico 88240					
Name of Authorized Transporter of Gashead Gas ☐ or Dry Gas ☒ El Paso Natural Gas Company	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1492, El Paso, Texas 79999					
If well produces oil or liquids, give location of tanks.	Unit A	Sec. 9	Twp. 23-S	Range 36-E	Is gas actually connected? Yes	When 12-22-69

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 Hole	PHH
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				Testing 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 (Test must be after recovery of test volume of lost oil and must be equal to or exceed top of hole for this depth or be for full 24 hours)

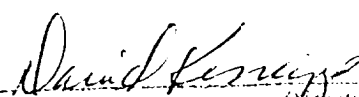
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Testing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MCF	Gravity of Condensate
Testing Method (pact, back pr.)	Testing Pressure (lb/sq-in)	Casing Pressure (lb/sq-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.


Regional Administrative Supervisor
(Title)

10-3-78
(Date)

OIL CONSERVATION COMMISSION

APPROVED  1978, 19
BY Orig. Signed by
Jerry Seaton
TITLE Dist. 1, Supv.

This form is to be filed in compliance with RULE 1102.
If this form is meant for allowable for a newly drilled or changed well, this form must be accompanied by a calculation of allowable tests taken on the well in accordance with RULE 111.
All portions of this form must be filled out completely for all wells or new and completed wells.
Fill out only Sections I, II, III, and VI for changes of name, well name or number, or transporter, or other such change of conditions.