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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL GAS
OPERATOR	
PRODUCTION OFFICE	

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

Form O-104
Superseding 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	☐	Change in Transporter of:	
Recompletion	☐	Oil	☐
Change in Ownership	☐	Condensate	☒

Other (Please explain)
Commingle Under R-663

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. 12	Pool Name, Including Formation Jalmat Gas Pool	Kind of Lease State, Federal or Free State
Location Unit Letter 0 ; 660 Feet From The south Line and 1990 Feet From The east			
Line of Section 9 Township 23-S Range 36-E N.M.P.M. Lea County			

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☐ or Condensate ☒	Address (Give address to which approved copy of this form is to be sent)
Texas New Mexico Pipeline Company	P. O. Box 2528, Hobbs, New Mexico 88240
Name of Authorized Transporter of Gas ☐ or Dry Gas ☒	Address (Give address to which approved copy of this form is to be sent)
El Paso Natural Gas Company	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
	A 9 23-S 36-E Yes

If this production is commingled with that from any other lease or pool, give commingling order numbers: R-663

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Re-vent. Unit, etc.
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.				
Elevations (DS, RAB, RT, CR, 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 OIL WELL

(Test must be after recovery of total volume of liquid oil and must be equal to or exceed input 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	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 (flow, 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

10-3-78

OIL CONSERVATION COMMISSION

APPROVED

0056 1376

Oil Signed by

Jerry Sutton

Dist 1, Supv.

TITLE

This form is to be filed in compliance with RULE 1104.
If this is a re-test for allowable for a newly drilled or re-completed well, this form must be accompanied by a calculation of the re-test data taken on the well in accordance with RULE 110.
All wells and re-completed wells must be filled out completely for allowable on new and re-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 condition.