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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
Supersedes OMC-101 and O-
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)	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-1	Well No. 41	Well Name, including Formation Jalmat Oil Yates	Kind of Lease State, Federal or Free State	Lease No. NM-2A
Location Unit Letter <u>A</u> : <u>660</u> Feet From The <u>north</u> Line and <u>660</u> Feet From The <u>east</u> Line of Section <u>9</u> Township <u>23-S</u> Range <u>36-E</u> , N.M.P.M., <u>Lea</u> 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) The Permian Corporation P. O. Box 1183, Houston, Texas 77001					
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☒	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 A	Sec. 9	Twp. 23-S	Rge. 36-E	Is gas actually connected? Yes	When 9-5-67

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	Shut-In	Partial
Date Spudded	Date Compl. Ready to Prod.	Total Depth			P.H.T.D.				
Elevations (OF, 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 (Test must be after recovery of total volume of liquid oil and must be equal to or exceed imp. oil
oil 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 - MCF	Water - MCF	Gas - MCF

GAS WELL	
Actual Prod. Test - MCF/D	Length of Test
Testing Method (Inject, Back pr.)	Tubing Pressure (Shut-in)

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.

W. J. McClintock
(Signature)
Regional Operations Supt. (West)
(Title)
8-8-78
(Date)

OIL CONSERVATION COMMISSION	
APPROVED	AUG 21 1978
BY	Orig. Signed <u>Jerry Seaton</u> Dkt. L. Seaton
TITLE	

This form is to be filed in compliance with RULE 1104.
If this be a report for allowable for a newly drilled or deepened
well, this form must be accompanied by a tabulation of the test
results taken on the well in accordance with RULE 111.
All sections of this form must be filled out completely for allow-
able on new and re-completed wells.
Fill out only Sections I, II, III, and VI for change of owner,
well name or number, or transporter, or other such change of condition.

