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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 1-1-66  
C. C.

JUL 11 11 32 AM '68

I. Operator  
**TEXAS PACIFIC OIL COMPANY**  
Address  
**P. O. Box 1069 - Hobbs, New Mexico**  
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 <b>Elliott B-9</b>	Lease No. <b>5</b>	Well No. <b>5</b>	Pool Name, Including Formation <b>Blinbery Gas</b>	Kind of Lease State, Federal or Fee <b>Federal</b>
Location Unit Letter <b>C</b> ; <b>660</b> Feet From The <b>North</b> Line and <b>2130</b> Feet From The <b>West</b> Line of Section <b>9</b> Township <b>22-S</b> Range <b>37-E</b> , NMPM, <b>Lea</b> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> <b>Texas New Mexico Pipeline</b>	Address (Give address to which approved copy of this form is to be sent) <b>P. O. Box 1510 - Midland, Texas</b>			
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> <b>LP Skelly Oil Co.</b>	Address (Give address to which approved copy of this form is to be sent) <b>P. O. Box 1135 - Eunice, New Mexico</b>			
<b>NP Northern Natural Gas Co.</b>	<b>2223 Dodge, Omaha, Nebraska</b>			
If well produces oil or liquids, give location of tanks.	Unit <b>C</b>	Sec. <b>9</b>	Twp. <b>22</b>	Rge. <b>37</b>
	Is gas actually connected? <b>Yes</b>			When <b>7-9-68</b>

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'ty.	Diff. Res'ty.
		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>				
Date Spudded <b>1-12-68</b>	Date Compl. Ready to Prod. <b>2-8-68</b>		Total Depth <b>6357'</b>		P.B.T.D. <b>6304'</b>			
Elevations (DF, RKB, RT, GR, etc.,) <b>3434' DF</b>	Name of Producing Formation <b>Blinbery Gas</b>		Top Oil/Gas Pay <b>5429'</b>		Tubing Depth <b>5367'</b>			
Perforations <b>5429-44-69-84-96-5515-32-50-70-5602-47-62-90-5713-56 &amp; 80'</b>					Depth Casing Shoe			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
	<b>13-3/8" 48#</b>		<b>150'</b>		<b>200 sks.</b>			
	<b>8-5/8" 32#</b>		<b>2749'</b>		<b>1200 sks.</b>			
	<b>5-1/2" 15.5#</b>		<b>6557'</b>		<b>400 sks.</b>			
	<b>2-1/16"</b>		<b>5367'</b>					

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 <b>2115</b>	Length of Test <b>24 hrs.</b>	Bbls. Condensate/MMCF <b>5</b>	Gravity of Condensate <b>44.4</b>
Testing Method (pilot, back pr.) <b>Back Pressure</b>	Tubing Pressure <b>612#</b>	Casing Pressure	Choke Size <b>25/64"</b>

VI. CERTIFICATE OF COMPLIANCE

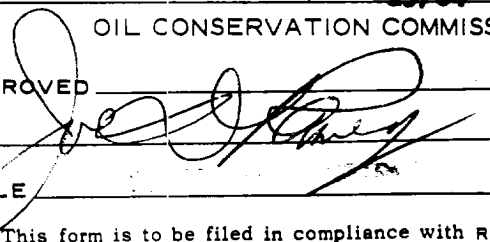
I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

**Original Signed by Cecil Tilley**  
(Signature)

**Area Production Foreman**  
(Title)

**7-10-68**  
(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.