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NEW MEXICO OIL CONSERVATION COMMISSION

Form C-103
Supersedes Old
C-102 and C-103
Effective 1-1-65

5a. Indicate Type of Lease State <input type="checkbox"/> Fee <input type="checkbox"/>
5. State Oil & Gas Lease No. NMR-471
7. Unit Agreement Name
8. Farm or Lease Name Elliot B-15
9. Well No. 11
10. Field and Pool, or Wildcat Drinkard
12. County Lea

SUNDRY NOTICES AND REPORTS ON WELLS
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>
2. Name of Operator TEXAS PACIFIC OIL CO., INC.
3. Address of Operator P. O. BOX 4067 MIDLAND, TEXAS 79701
4. Location of Well UNIT LETTER B, 660 FEET FROM THE North LINE AND 1980 FEET FROM East THE LINE, SECTION 15 TOWNSHIP 22-S RANGE 37-E NMPM.
15. Elevation (Show whether DF, RT, GR, etc.) 3405 G.L.

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:

PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER Ryan Pressure Survey <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input type="checkbox"/>	OTHER 12-23-74 <input checked="" type="checkbox"/>

17. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

13 5/8" - Cement to Surface no water flow
8 5/8" - open to Air no water flow
5 1/2" - 180 PSIG - Gas

18. I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNED <u>Bobby Gamble</u>	TITLE <u>Sr. Foreman</u>	DATE <u>1-11-75</u>
APPROVED BY <u>Les Clements</u> Oil & Gas Insp.	TITLE <u>Oil & Gas Inspector</u>	DATE <u>JUL 9 1975</u>
CONDITIONS OF APPROVAL, IF ANY:		

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

SANTA FE		
FILE		
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OFFICE		

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:	Other (Please explain)
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

DESCRIPTION OF WELL AND LEASE				
Lease Name Elliott B-15	Well No. 1	Pool Name, including Formation Drinkard	Kind of Lease State, Federal or Fee Federal	Lease No.
Location				
Unit Letter B	: 660	Feet From The North	Line and 1980	Feet From The East
Line of Section 15	Township 22-S	Range 37E	NMPM, Lea	County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS				
Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>		Address (Give address to which approved copy of this form is to be sent)		
Shell Pipe Line		P.O. Box 1509 Midland, TX		
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>		Address (Give address to which approved copy of this form is to be sent)		
Getty		Box 1650 Tulsa, OKla		
If well produces Oil or liquids, give location of tanks.	Unit B	Sec. 15	Twp. 22	Rge. 37
				Is gas actually connected? Yes
				When 10-11-48

If this production is commingled with that from any other lease or pool, give commingling order number:

COMPLETION DATA									
Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Rest'v.	Diff. Rest'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			


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

CERTIFICATE OF COMPLIANCE

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 _____	
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.	