

NO. OF COPIES RECEIVED		
DISTRIBUTION		
SANTA FE		
FILE		
U.S.G.S.		
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 1-1-65

I.

Operator TEXAS PACIFIC OIL COMPANY, INC.	
Address Post Office Box 1069 - Hobbs, New Mexico 88240	
Reason(s) for filing (Check proper box)	
New Well <input type="checkbox"/>	Change in Transporter of:
Recompletion <input checked="" type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>

If change of ownership give name
and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name Elliott A-15	Well No. 1	Pool Name, Including Formation Penrose Skelly	Kind of Lease State, Federal or Fee Federal	Lease No. NM0554604
Location				
Unit Letter J	1650	Feet From The South	Line and 2310	Feet From The East
Line of Section 15	Township 22-S	Range 37-E	, NMPM, Lea County	

III. 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) Box 1509 - Midland, Texas			
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) Box 1650 - Tulsa, Oklahoma			
If well produces oil or liquids, give location of tanks.	Unit J	Sec. 15	Twp. 22	Rge. 37
Is gas actually connected?			When EFFECTIVE JANUARY 31, 1977, SKELLY OIL COMPANY MERGED INTO GETTY OIL COMPANY.	

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 <input checked="" type="checkbox"/>	Gas Well	New Well	Workover <input checked="" type="checkbox"/>	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
1/1/1/1 Commenced								<input checked="" type="checkbox"/>
Date Spudded 9-13-69	Date Compl. Ready to Prod. 9-30-69		Total Depth 9658'		P.B.T.D. 3960'			
Elevations (DF, RKB, RT, GR, etc.) 3392' DF	Name of Producing Formation Grayburg		Top Oil/Gas Pay 3648		Tubing Depth 3843'			
Perforations 3648, 58, 82, 85, 89, 93, 3702, 14, 18, 28, 30, 52, 59, 3767, 72, 74, 79, 89, 92, 94, 3797, 3803, 14, 18, 26, 30, 34, 3838, 42, 46, 50, 3855					Depth Casing Shoe -			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
	10-3/4"		191		125			
	7-5/8"		2801		1450			
	5-1/2"		7603		86			
	2-3/8" tubing		3843					

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 9-30-69	Date of Test 10-1-69	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 hours	Tubing Pressure 50#	Casing Pressure 780#	Choke Size 2"
Actual Prod. During Test 231 bbls. fluid	Oil - Bbls. 66	Water - Bbls. 165	Gas - MCF 40

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

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.

Sheldon Ward

(Signature)

Area Superintendent

(Title)

10-3-69

(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19____
BY **John W. Rindgen**
TITLE **Geologist**

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.