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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 Fee

5. State Oil & Gas Lease No.
NMB-455

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 GAS WELL OTHER-

2. Name of Operator
TEXAS PACIFIC OIL CO., INC.

3. Address of Operator
P. O. BOX 4007
MIDLAND, TEXAS 79701

4. Location of Well
UNIT LETTER e 660 FEET FROM THE North LINE AND 2130 FEET FROM
THE West LINE, SECTION 15 TOWNSHIP 22-N RANGE 37-E NMPM.

7. Unit Agreement Name

8. Farm or Lease Name
Welder

9. Well No.
14

10. Field and Pool, or Wildcat
Tuba

15. Elevation (Show whether DF, RT, GR, etc.)
2279 D.F.

12. County
Lea

16. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK

TEMPORARILY ABANDON

PULL OR ALTER CASING

OTHER Barium Precipitate Drilling

PLUG AND ABANDON

CHANGE PLANS

SUBSEQUENT REPORT OF:

REMEDIAL WORK

COMMENCE DRILLING OPNS.

CASING TEST AND CEMENT JOB

OTHER 12-23-74

ALTERING CASING

PLUG AND ABANDONMENT

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.

10 3/4" Cement to surface no water flow
 7 5/8" - 235 PSIG bleed off casing. Gas
 5 1/2" - 540 PSIG - Gas

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

SIGNED Bobby Dambore TITLE Supervisor DATE 1-11-75

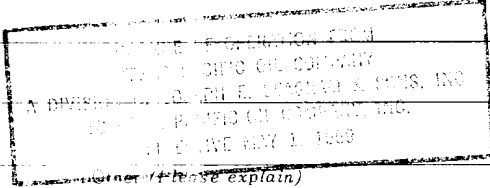
APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

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	GAS
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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



Operator
TEXAS PACIFIC OIL COMPANY
 Address
P. O. Box 1069 - Hobbs, New Mexico
 Reason(s) for filing (Check proper box)
 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 _____

I. DESCRIPTION OF WELL AND LEASE

Lease Name	Lease No.	Well No.	Pool Name, Direction, Orientation	Kind of Lease
Walden		4	Tubb Gas	State, Federal or Fee
Location				Fee
Unit Letter	C	660	Feet From The North	Line and 2130
			Feet From The West	
Line of Section	15	Township 22-S	Range 37-E	MM, Lea County

II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil or Condensate <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)		
Shell Pipeline Co.	P. O. Box 1910 - 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)		
IP Skelly Oil Co.	Box 1135 - Eunice, New Mexico		
HP Northern Natural Gas Co.	Sec. 15	Twp. 22	Rge. 37
If well produces oil or liquids, give location of tanks.	C		Yes
			12-13-67

If this production is commingled with that from any other lease or pool, give commingling order number: **EFFECTIVE JANUARY 31, 1977,**

III. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Wellbore	Deepen	Plug Back	Completed	Other
Date Spudded	Date Compl. Ready to Prod.	Pool Depth	P.B.T.D.					
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Section	Depth					
Perforations				Depth Casing Shoe				
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					

IV. 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/MVCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure	Casing Pressure	Choke Size

I. 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
Sheldon Ward
 (Signature)

Area Superintendent
 (Title)
12-14-67
 (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.

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	GAS
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PRORATION OFFICE	

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

Form C-104
 Supersees Old C-104 and C-110
 Effective 1-1-65

I. OPERATOR

Operator **TEXAS PACIFIC OIL COMPANY**

Address **P. O. Box 1069 - Hobbs, New Mexico**

Reason(s) for filing (Check proper box) (When 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 Walden	Lease No.	Well No. 4	Pool Name, and Designation Tubb Gas	Kind of Lease State, Federal or Fee Fee
Location				
Unit Letter C	660	Fees From The North	2130	Fees From The West
Line of Section 15	Township 22-S	Range 37-E	N.M.P.M.	County Lea

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Shell Pipeline Company	P. O. Box 1916 - Midland, Texas
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Northern Natural Gas	2223 Dodge St. - Omaha, Nebraska
If well produces oil or liquids, give location of tanks.	When
Unit C Sec. 15 Twp. 22 Rng. 37	Upon Approval

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

V. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	Refractured	Whichever	Deepen	Plug Back	Save Res'v.	Diff. Res'v.
		<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>
Date Started Commenced 5-29-67	Date Compl. Ready to Prod. 6-8-67	Total Depth 6540'	P.B.T.D. 6308'					
Elevations (DF, RKB, RT, GR, etc.) 3417' GR	Name of Producing Formation Tubb Gas	Depth of Producing Formation 5920'	Tubing Depth 6183'					
Perforations 5920-40-80-6024-36-50-65-92-6112-50-72'			Depth Casing Shoe					
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET			SACKS CEMENT		
13-3/4"	10-3/4"	40#	148'			100		
9-7/8"	7-5/8"	26#	2852'			1800		
6-3/4"	5-1/2"	17#	6539'			200		
	2" @ 6183'		Pkr. @ 5883'					

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	Production Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Inlet Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

GAS WELL

Actual Prod. Test - MCF/D 876	Length of Test 24 hrs.	Bbls. Condensate/MCF 16	Gravity of Condensate 46.2
Testing Method (pitot, back pr.) Back Pressure	Tubing Pressure 500#	Casing Pressure	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.

Original Signed by
Sheldon Ward
 (Signature)
Area Superintendent
 (Title)
10-4-67
 (Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19____

BY Sheldon Ward

TITLE _____

This form is to be filed in compliance with RULE 1104.

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