

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

DISTRIBUTION			
SANTA FE			
EL PASO			
U.S.S.			
LAND OFFICE			
TRANSPORTER	OIL		
	GAS		
OPERATOR			
PRORATION OFFICE			

I. Operator

TEXAS PACIFIC OIL CO., INC.

Address
P. O. Box 1069 - Hobbs, New Mexico 88240

Reason(s) for filing (Check proper box)

New Well	<input type="checkbox"/>	Change in Transporter of:		Other (Please explain)	Request temporary commingling with Cary #9 - McCormack Silurian, South	
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 Cary, Will	Well No. 7	Pool Name, including Formation Blinebry oil	Kind of Lease State, Federal or Fee Fee	Lease No. MCR-457
Location Unit Letter F Section 1874 Feet From The North Line and 2086 Feet From The West Line of Section 22 Township 22-3 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"/> Shell Pipeline	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1910 - Midland, Texas 79701
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Skelly Gas	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1650 - Tulsa, Okla. 74102
If well produces oil or liquids, give location of tanks. Unit E Sec. 22 Twp. 22 Rge. 37	Is gas actually connected? When Yes 2-17-74

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

IV. COMPLETION DATA

Designate Type of Completion - (X) Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> New Well <input type="checkbox"/> Workover <input type="checkbox"/> Deepen <input type="checkbox"/> Plug Back <input type="checkbox"/> Same Res'tv. <input type="checkbox"/> Diff. Res'tv. <input checked="" type="checkbox"/>	Date Spudded 2-27-64	Date Compl. Ready to Prod. 2-17-74	Total Depth 6467'	P.S.T.D. 5950'
Elevations (DF, RKB, RT, GR, etc.) 3359' GR	Name of Producing Formation Blinebry	Top Oil/Gas Pay 5495'	Testing Depth 5309'	Depth Casing Shoe 6414'
Perforations 5453, 62, 66, 77, 80, 99, 3520, 24, 28, 48, 68, 72, 92, 97, 5610, 14, 42, 50, 5663, 68, 89, 5711, 17, 34, 54'				
TUBING, CASING, AND CEMENTING RECORD				
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
13-3/8"	10-3/4"	192'	135	
9-5/8"	7-5/8"	2762'	1550	
6-3/4"	5-1/2"	6414'	350	

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 2-17-74	Date of Test 2-18-74	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 24 hr	Tubing Pressure 30#	Casing Pressure 30#	Choke Size
Actual Prod. During Test 12 BO	Oil - Bbls. 12	Water - Bbls. 10	Gas - MCF 22

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.

(Signature)
Area Superintendent

(Title)
2-20-74

(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19____
BY **[Signature]**
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.