## DISTRIBUTION NEW MEXICO OIL CONSERVATION COMMISSION Form C-104 ANTA FE Supersedes Old C-104 and C-1. REQUEST FOR ALLOWABLE ILE Effective 1-1-65 AND 1.S.G.S. AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS AND OFFICE OIL TRANSPORTER OPERATOR PRORATION OFFICE Operator Texas Pacific Oil Company, Inc. O. Box 4067, Midland, Texas 79701 Reason(s) for filing (Check proper box) Other (Please explain) New Well Change in Transporter of: Recompletion Dry Gas Change in Ownership Casinghead Gas Conder:sate If change of ownership give name and address of previous owner \_\_\_\_ II. DESCRIPTION OF WELL AND LEASE Well No.; Pool Name, Including Formation Kind of Lease State, Federal or Fee Cary, Will Drinkard Gas Fee Location Feet From The <u>SOuth</u> Line and \_\_\_\_ 990 Feet From The Township Line of Section 22**-**S Range 37-E , NMPM, Lea III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS | Name of Authorized Transporter of Oil X | or Condensate | | Address (Give address to which approved copy of this form is to be sent) Western Oil Transport x Name of Authorized Transporter of Cashighead Gas P. O. Box 1183, Houston, Texas 77001 Address (Give address to which approved copy of this form is to be sent) or Dry Gas P. O. Box 1650, gas actually connected? Tulsa, Oklahoma Skelly Gas Unit Yes Twp. If well produces oil or liquids, give location of tanks. 1-19-77 F If this production is commingled with that from any other lease or pool, give commingling order numbers IV. COMPLETION DATA Cil Well Gas Well New Well Deepen Workover Plug Back Same Res'v. Diff. Res'v. Designate Type of Completion - (X) Date Compl. Ready to Prod. Date Spudded 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 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) V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL Date First New Oil Run To Tanks Date of Test Producing Method (Flow, pump, gas lift, etc.) Length of Test Tubing Pressure Cosing Pressure Choke Size Water - Bbls. Gas - MCF Oil-Bals. Actual Prod. During Test **GAS WELL** Gravity of Condensate Actual Prod. Test-MCF/D 1545 Bbls. Condensate/MMCF Tubing Pressure (Shun-in) Choke Size /64 Testing Method (pitot, back pr.) Casing Pressure (Shut-in) VI. CERTIFICATE OF COMPLIANCE OIL CONSERVATION COMMISSION APPROVED. 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. BY.

District Operations Superintendent

(Title) 11-24-76

(Date)

Lease No.

NHR-45

County

This form is to be filed in compliance with RULE 1104. If this is a request for allowable for a newly drilled or despened 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



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