

DISTRIBUTION			
SANTA FE			
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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

Operator		SUN TEXAS COMPANY	
Address		P. O. Box 4067 Midland, Texas 79704	
Reason(s) for filing (Check proper box)		Other (Please explain)	
New Well <input type="checkbox"/>	Change in Transporter of:		
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

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
State "A" A/c 1	33	Jalmaq TANSIL YTS TRURS GAS	State, Federal or Fee State	
Location				
Unit Letter	F	1650 Feet From The north Line and 1650 Feet From The west		
Line of Section	15	Township 23-S	Range 36-E	NMPM, Lea County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
None						
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)					
El Paso Natural Gas	Jal, N.M. 88252					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
					yes	

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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'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			

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)

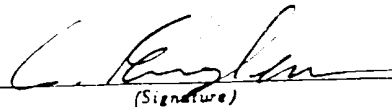
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

GAS WELL


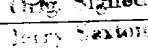

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

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)
Regional Operations Superintendent/West
(Title)
SEP 12 1960
(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
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
HOBBS OFFICE O.C.C.
Nov 15 11 44 AM '66

I. 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 ☐
Other (Please explain):
**REPLACEMENT OF OPERATOR AND
TEXAS PACIFIC OIL COMPANY
A DIVISION OF JOSEPH E. SAWYER & SONS, INC.
TO TEXAS PACIFIC OIL COMPANY, INC.
EFFECTIVE MAY 1, 1966**
If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE **Dual w/Jalmat Yates Gas**
Lease Name **State "A" A/c-1** Lease No. **NM 2A** Well No. **33** Pool Name, including Formation **Langlie Mattix** Kind of Lease **State**
Location
Unit Letter **F** **1650** Feet From The **North** Line and **1650** Feet From The **West**
Line of Section **15** Township **23-S** Range **36-E** **NM2A** **Lea** County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS
Name of Authorized Transporter of Oil ☒ or Condensate ☐ Address (Give address to which approved copy of this form is to be sent)
Texas-New Mexico Pipeline Co. **P.O. Box 1510 - Midland, Texas**
Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐ Address (Give address to which approved copy of this form is to be sent)
Phillips Petroleum Co. **P.O. Box 6666 - Odessa, Texas**
If well produces oil or liquids, give location of tanks. Unit **Center** Sec. **N₂** Twp. **15** Rge. **23** Is gas actually connected? **Yes** When **4-12-60**

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 ☐ Gas Well ☐ New Well ☐ Workover ☐ Deepen ☐ Plug Back ☐ Same Res'v. ☐ Diff. Res'v. ☒
Date Spudded **11-7-66** Date Compl. Ready to Prod. **11-7-66** Total Depth **3699'** P.B.T.D.
Elevations (DE, RKB, RT, GR, etc.) **3463' GR** Name of Producing Formation **7-Rivers Queen** Top Oil/Gas Pay **3572'** Tubing Depth **3561'**
Perforations **3607-3636-3639-3642-3658'** Depth Casing Shoe
TUBING, CASING, AND CEMENTING RECORD
HOLE SIZE CASING & TUBING SIZE DEPTH SET SACKS CEMENT
13-3/4" **9-5/8"** **349'** **300 sks.**
8-3/4" **7"** **2965'** **1047 sks.**
5-1/2" Liner **3699'** **75 sks.**

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 **11-7-66** Date of Test **11-8-66** Producing Method (Flow, pump, gas lift, etc.) **Pumping**
Length of Test **24 hrs.** Tubing Pressure **35#** Casing Pressure **Pkr.** Choke Size **2"**
Actual Prod. During Test **8** Oil-Bbls. **4** Water-Bbls. **4** Gas-MCF **143**

GAS WELL
Actual Prod. Test-MCF/D **11-8-66** Length of Test **35#** Bbls. Condensate/MMCF **4** Gravity of Condensate **1.143**
Testing Method (pitot, back pr.) **11-8-66** Tubing Pressure **35#** Casing Pressure **Pkr.** Choke Size **2"**

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.
Area Superintendent
11-14-66
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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LAND OFFICE	
OPERATOR	

NEW MEXICO OIL CONSERVATION COMMISSION

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

Nov 15 11:43 AM '66

In the State of New Mexico	
State <input checked="" type="checkbox"/>	Fee <input type="checkbox"/>
5. State Oil & Gas Lease No. NM 24	
7. Unit Agreement Name	
8. Farm or Lease Name State "A" A/c-1	
9. Well No. 33	
10. Field and Pool, or Wildcat Langlie Mattix-Jalmat	
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 ☒ GAS WELL ☒ OTHER- **Dual**

2. Name of Operator
TEXAS PACIFIC OIL COMPANY

3. Address of Operator
P.O. Box 1069 - Hobbs, New Mexico

4. Location of Well
UNIT LETTER **F** **1650** FEET FROM THE **North** LINE AND **1650** FEET FROM
THE **West** LINE, SECTION **15** TOWNSHIP **23-S** RANGE **36-E** NMPM.

15. Elevation (Show whether DF, RT, GR, etc.)
3463' GR

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 checked="" 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 <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input type="checkbox"/>	OTHER <input 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.

- Moved in, rigged up and pulled tubing on Jalmat zone.
- Drilled out sand & cement 3231-3256'. Drilled out CIBP @ 3256'.
- Set packer @ 3568'. Swab & flow.
- Pulled pkr. and re-ran Lock-set pkr. w/119 jts. 2" tbg. Tbg. set in pkr. @ 3577'. (L.M.)
- Ran 90 jts. 2" tbg. w/SN @ 2800' on Jalmat zone.
- Nipple up dual well head. Swab & flow.
- Placed Langlie Mattix zone on pump.
- Acidized Langlie Mattix zone with 1500 gal. 15% NE acid.
- Recovered lead oil and placed well on test.

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

SIGNED [Signature] TITLE Area Superintendent DATE 11-8-66

APPROVED BY [Signature] TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY: