1.	DISTRIBUTION ANTA FE TILE J.S.G.S. -AND OFFICE TRANSPORTER OPERATOR PRORATION OFFICE Operator	NEW MEXICO OIL REQUEST AUTHORIZATION TO TR	CONSERVATION CO FOR ALLOWABL AND ANSPORT OIL AN	E	Form C-104 Supersedes Old C-104 and C-1 Effective 1-1-65
	Texas Pacific Oil Co Address P. O. Rox 4067, Midl Reason(s) for filing (Check proper box New We!! Recompletion Change in Ownership	Change in Transporter of: Oil Ery 3	ias 🗀	ase explain) ective 3-1-77	
	If change of ownership give name and address of previous owner				
II.	DESCRIPTION OF WELL AND				
	Will Cary	Well No. Post Name, Including 1 9 South McCormac		Kind of Lease State, Federal or Fee	Lease No. Fee NMJ-457
		50 Feet From The North 1:	ne and 660	Feet From The	West
		wnship 22 Binge	37 . 38		C
Ш.	DESIGNATION OF TRANSPOR	TER OF OIL AND NATURAL G	AS		County
	Name of Authorized Transporter of Cit Western Oil Transport Name of Authorized Transporter of Ca	tation Co.	P. O. Box 1	183, Houston, To	of this form is to be sent)
	Skelly Gas	stinghedd Gds X or Dry Gds		ss to which approved copy 650, Tulsa, Okla	of this form is to be sent)
	If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Age. E 22 22 37	is gas actually conn		E JANUARY 31, 1977,
	If this production is commingled wi	E 22 22 37 th that from any other lease or pool,	give commingling or		
1 V .	COMPLETION DATA Designate Type of Completion	Oil Well Grs We'	New Well Workov		Back Same Resty, Diff. Resty.
	Date Spudded	Date Compi. Ready to From.	Total Depth	P.B.T	.D.
	Elevations (DF, RKB, RT, GR, etc.,	Name of Producing Formation	Top Oil/Gas Pay	Tubino) Depth
	Perforations		<u> </u>	Depth	Casing Shoe
		TUBING, CASING, AN	D CEMENTING REC	ORD	
	HOLE SIZE	CASING & TUBING SIZE	DEPTH		SACKS CEMENT
			i		· · · · · · · · · · · · · · · · · · ·
V.	TEST DATA AND REQUEST FO	OR ALLOWABLE (Test must be a able for this de	-l ifter recovery of total w epth or be for full 24 ho	plume of load oil and must urs)	be equal to or exceed top allow-
	Date First New Cil Run To Tanks	Date of Test	Producing Method (F	low, pump, gas lift, etc.)	
	Length of Test	Tubing Pressure	Casing Pressure	Choke	Size
	Actual Prod. During Test	Oil-Bbis.	Water - Bbls.	Gas-N	IOF
,	GAS WELL	<u> </u>			
	Actual Prod. Test-MCF/D	Length of Test	Bbis, Condensate/Mi	CF Grevity	y of Condensate
	Testing Method (pitot, back pr.)	Tubing Pressure (Shub-in)	Casing Preseure (Sh	ut-in) Choke	Size
VI.	CERTIFICATE OF COMPLIANCE		PIL CONSERVATION COMMISSION		
	I hereby certify that the rules and r Commission have been complied w above is true and complete to the	ith and that the information given	APPROVED	Odg Stande by Isony Per	

District Operations Superintendent

(Title) 2-24-77

(Date)

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