

NEW MEXICO OIL CONSERVATION COMMISS
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			
FILE			
U.S.G.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)
Recompletion	<input type="checkbox"/>	Oil	<input type="checkbox"/>	CASEROTRAD GAS MUST NOT BE
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>	PLUG BACK 6/1/74
		Dry Gas	<input type="checkbox"/>	PLUG BACK 6/1/74
		Condensate	<input type="checkbox"/>	IS OBTAINED.

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Elliott B-17	Well No. 4	Pool Name, including Formation Drinkard	Kind of Lease State, Federal or Fee Federal	Lease No. MM 1410
Location Unit Letter G ; 1980 Feet From The North Line and 1980 Feet From The East Line of Section 17 Township 22-S Range 37-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"/> The Permian Corp. (Trucks)	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1183 - Houston, Texas 77000
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> Skelly Oil Co.	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1650 - Tulsa, Okla. 74100
If well produces oil or liquids, give location of tanks.	Unit C Sec. 17 Twp. 22 Rge. 37 Is gas actually connected? No When Upon Approval

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

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res.	Diff. Res.
Date Spudded 2-2-74	Date Compl. Ready to Prod. 3-31-74	Total Depth 7443'	P.B.T.D. 7100'					
Elevation (DF, RKB, RT, GR, etc.) 3401' NW; 3391' SW	Name of Producing Formation Drinkard	Top Oil/Gas Pay 6378'	Tubing Depth 6519'					
Perforations 6378, 94, 6405, 13, 20, 27, 33, 36, 49, 56, 60, 67, 71, 74, & 6484'		Depth Casing Shoe						
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE 11"	CASING & TUBING SIZE 8-5/8" 28#	DEPTH SET 1100'	SACKS CEMENT 500 Class C					
7-7/8"	5-1/2" 15.5 & 17#	7431'	550 Ballite & 800 Cl.C					

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 3-31-74	Date of Test 4-2-74	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 24 Hr.	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test 64	Oil - Bbls. 64	Water - Bbls. 40 BLW	Gas - MCF 173

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, 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.

Original Signed by
Lloyd Wright

(Signature)
Area Superintendent

(Title)
4-3-74

(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19____
BY **John W. Runyan**
TITLE **Generalist**

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.