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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL GAS
OPERATOR	
PRODUCTION OFFICE	

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-101 and C-102
Effective 1-1-65

1. Operator Texas Pacific Oil Company, Inc.	
Address P. O. Box 4067, Midland, Texas 79701	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well ☐	Change in Transporter of: Oil ☐ Dry Gas ☐ Casinghead Gas ☐ Condensate ☐
Recompletion ☐	Gas connection. Made _____
Change in Ownership ☐	

If change of ownership give name
and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name State "A" A/C-1	Well No. 114	Pool Name, including Formation Jalnat-Yates 7 Rivers	Kind of Lease State, Federal or Fee State	Lease No. NM2A
Location Unit Letter I ; 1650 Feet From The south Line and 990 Feet From The east Line of Section 21 Township 23-S Range 36-E , NMPM, Lea County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐ Texas-New Mexico Pipe Line Company	Address (Give address to which approved copy of this form is to be sent) Box 1510, Midland, Texas 79701					
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☐ El Paso Natural Gas Company	Address (Give address to which approved copy of this form is to be sent) Jal, New Mexico 88250					
If well produces oil or liquids, give location of tanks.	Unit I	Sec. 21	Twp. 23-S	Rge. 36-E	Is gas actually connected? yes	When 9-28-77

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 Reservoir	Full, Partial
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.D.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-Grav.	Water-Grav.	Gas-MCF

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Lbs. Condensate/MCF	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.

OIL CONSERVATION COMMISSION

APPROVED _____, 19__

BY _____
Title _____
C. J. Sexton
District Supervisor

District Operations Superintendent

October 4, 1977

This form is to be filed in compliance with RULE 1104.
If this is a request for allowable for a newly drilled or reworked well, this form must be accompanied by a certification of the well tests taken on the well in accordance with RULE 111.
All copies of this form must be filled out completely for all the wells in a pool or complete a well.
Fill out only Sections I, II, III, and VI for chemical of some other treatment of the well.