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TRANSPORTER	OIL	
	GAS	
OPERATOR		
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NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE OIL AND NATURAL GAS
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS
Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65
JUL 10 4 12 PM '67

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)

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Clift	Lease No.	Well No. 6	Pool Name, Including Formation Langlie Mattix	Kind of Lease State, Federal or Fee State
Location Unit Letter M ; 660 Feet From The South Line and 660 Feet From The West Line of Section 8 Township 23 S Range 37 E , NMPM, Lea County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> The Permian Corporation	Address (Give address to which approved copy of this form is to be sent) P. O. Box 4157, Midland, Texas					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> None	Address (Give address to which approved copy of this form is to be sent)					
If well produces oil or liquids, give location of tanks.	Unit M	Sec. 8	Twp. 23-S	Rge. 37-E	Is gas actually connected? No	When

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 6-23-67	Date Compl. Ready to Prod.		Total Depth 3750'		P.B.T.D. 3702'			
Elevations (DF, RKB, RT, GR, etc.) 3328.1' GR	Name of Producing Formation <i>SR. Green</i>		Top Oil/Gas Pay 3544		Tubing Depth			
Perforations 3544-52-58-69-81-90-95-3607-10-24-29-34-45-49-54-58-76-81					Depth Casing Shoe			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
11"	8 5/8"		336'		300			
7 7/8"	5 1/2"		3749'		600			

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 7-12-67	Date of Test 7-12-67	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 24 hr.	Tubing Pressure 25	Casing Pressure 175	Choke Size 2"
Actual Prod. During Test 70	Oil-Bbls. 62	Water-Bbls. 8	Gas-MCF 83

GAS WELL

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

Area Superintendent

(Title)

July 14, 1967

(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.