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TRANSPORTER	OIL GAS
OPERATOR	
PRODUCTION OFFICE	

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

Form O-104  
 Superseding Old O-101 and O-111  
 Effective 1-1-65

Operator  
**Texas West Oil & Gas Corporation**  
 Address  
**1480 Midland National Bank Tower Midland, Texas 79701**  
 Reason(s) for filing (Check proper box) Other (Please explain)  
 New Well  Change in Transporter of Oil  **\*Effective August, 1976 Production**  
 Recompletion  Oil  Dry Gas   
 Change in Ownership  Casinghead Gas  Condensate

If change of ownership give name and address of previous owner Same as above

DESCRIPTION OF WELL AND LEASE

Lease Name <b>State "2"</b>	Well No. <b>2</b>	Pool Name, including Formation <b>Antelope Ridge (Morro)</b>	Kind of Lease State, Federal or Fee <b>state</b>	Lease No. <b>L-3882</b>
Location Unit Letter <b>K</b> ; <b>1980</b> Feet From The <b>South</b> Line and <b>1980</b> Feet From The <b>West</b>				
Line of Section <b>2</b> Township <b>24S</b> Range <b>34E</b> , NMPM, <b>Lea</b> County				

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)
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)
<b>* Gas Company of New Mexico</b>	<b>1st International Bldg.-Dallas, Texas</b>
If well produces oil or liquids, give location of tanks.	Is gas actually connected? When
Unit <b>K</b> Sec. <b>2</b> Twp. <b>24S</b> Rge. <b>34E</b>	

If this production is commingled with that from any other lease or pool, give commingling order number: \_\_\_\_\_

COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Some Res'v.	Diff. Res'v.
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.		
Elevations (DF, RKB, RT, CR, 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		

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	Eble. Condensate/AMCF	Gravity of Condensate
Testing Method (pilot, flow, etc.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size

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.

*Alice Sandell*  
 Office Manager  
 7 September 1976  
 (Date)

OIL CONSERVATION COMMISSION

APPROVED \_\_\_\_\_, 19\_\_\_\_

BY \_\_\_\_\_

TITLE \_\_\_\_\_

This form is to be filed in compliance with Rule 1194. If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviated tests taken on the well in accordance with Rule 111. All entries of this form must be filled out completely on either side on reverse and considered valid. Fill out only Sections I, II, III, and VI for change of owner, well name or number, or transporter, or other such change of condition.