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U.S.G.A.	
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-104 and C-11
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)	
New Well ☐	Change in Transporter of: Oil ☐ Dry Gas ☒
Recompletion ☐	Casinghead Gas ☐ Condensate ☐
Change in Ownership ☐	Other (Please explain) *Effective August, 1976 Production
If change of ownership give name and address of previous owner Same as above	

DESCRIPTION OF WELL AND LEASE				
Lease Name State "2"	Well No. 2	Pool Name, including Formation Antelope Ridge (Atoka)	Kind of Lease State, Federal or Fee State	Lease No. L-3882
Location				
Unit Letter K	1980	Feet From The South	Line and 1980	Feet From The West
Line of Section 2	Township 24S	Range 34E	NMPLM, Lea	County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS						
Name of Authorized Transporter of Oil ☐ or Condensate ☐	Address (Give address to which approved copy of this form is to be sent)					
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☒	Address (Give address to which approved copy of this form is to be sent)					
Gas Company of New Mexico	1st International Bldg.-Dallas, Texas					
If well produces oil or liquids, give location of tanks.	Unit 3	Sec. 2	Twp. 24S	Rge. 34E	Is gas actually connected? ☐	When

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	Same Res'v.	Ent. Res'v.
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.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		

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	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size

CERTIFICATE OF COMPLIANCE		OIL CONSERVATION COMMISSION	
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.		APPROVED _____, 19____	
Office Manager 7 September 1976		BY John Runyan Geologist 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 deviator tests taken on the well in accordance with RULE 1101. All sections of this form must be filled out completely for allowable to be considered a completed value. Fill out only Sections I, IV, VII, and VIII for an area of concern, well name or number, or transporter or other such change of condition.	