	ANTA FE		CONSERVATION COMMISS	ION	Form C-104 Supersedes Old C-104 and C-1	
	.S.G.S.	AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS			Effective 1-1-65	
	IRANSPORTER OIL GAS					
	OPERATOR	-1				
1.	PRORATION OFFICE					
	Operator					
	Texas Pacific Oil Company, Inc.					
	P. O. Box 4067, Midland, Texas 79701					
	Reason(s) for filing (Check proper box) Other (Please explain)					
	New Well					
	Recompletion					
	Change in Ownership					
	If change of ownership give name FLARED AFTER 9-1-76					
	and address of previous owner					
п	DESCRIPTION OF WELL AND LEASE UNLESS AN EXCEPTION TO R-1970 IS OBTAINED.					
	Lease Name	Well No. Pool Name, Including F		nd of Lease	Lease No.	
	S. R. Cooper	3 Jalmat	Sto	nte, Federal or Fee		
	Unit Letter J ; 2310 Feet From The South Line and 2310 Feet From The East					
					Last	
	Line of Section 23 To	wnship ,24-S Bange	<u>36-</u> E , NMPM,	Lea	County	
III.		TER OF OIL AND NATURAL GA		····		
	Name of Authorized Transporter of Ct		Address (Give address to w.		•	
	The Permian Corporation	n singhaad Gas 🝸 or Dry Gas 🗍	P. O. Box 1183, Address (Give address to w.	Houston, Te	xas 77001	
	El Paso Natural Gas Con	-31	Jal, New Mexico	88252	of this form is to be sent	
	If well produces oil or liquids,	Unit Sec. Twp. Rge.	Is gas actually connected?	When		
	give location of tanks.	J 23 24-S 36-E	No	k		
•••	If this production is commingled wi	th that from any other lease or pool,	give commingling order nu	mber:		
1.	COMPLETION DATA	Cii Well Cas Well	New Well Workover [Deepen Plug E	Back Same Resty, Diff. Resty.	
	Designate Type of Completion	$\operatorname{on} - (X) = X$	X			
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T	.D.	
	2-28-76	7-15-76	3300'		324.31	
	Elevations (DF, RKB, RT, GR, etc.,	Name of Producing Formation	Tep Off/Gas Pay	Tubina	j Depth	
	<u>3346.6 GR</u> Perforations	Jalmat	3120		29871 Casing Shoe	
	3/24-3/49			·	300'	
	TUBING, CASING, AND CEMENTING RECORD					
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET		SACKS CEMENT	
		13 3/8"	40'	Re	di-Mix - Surface	
	12 1/4"	8 5/8"	1245'		0 Sxs	
	7 7/8"	5 1/2"	3300'	40	0 Sxs	
	L	2 3/8"	29871	İ	······	
V. TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed top all able 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.)					
	3-16-76 Length of Test	7-16-76 Tubing Prossure	Flowing			
	Length of Test	Tubing Pressure	Casing Pressure	Choke	Size	
	24 Hr. Actual Prod. During Test	460	Packer Water - Bbis,	Gas-S	/64	
	Actual Prod. During Test	Oil-Bbla.		Gai-K	ACF'	
	l	638	12		3	
	GAS WELL					
	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Grevit	y of Condensate	
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in) Choke	Size	
VI.	CERTIFICATE OF COMPLIAN	L CE			COMMISSION	
* * *	tonial of come langu	APPROFID BY Gen 2015				
	I hereby certify that the rules and a					
	Commission have been complied v above is true and complete to the					
		TITLE				
	U Q michuta	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 allow- able on new and recompleted wells.				
	W. J. Millula					
	(Signe					
	<u>District Superin</u>					

(Date)

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7-20-76

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

REPEND

HIL CONSERVATION COMM.