	OISTRIBUTION ANTA FE TILE	NEW MEXICO OIL REQUEST	CONSERVATION COM FOR ALLOWABLE AND	MISSION	Form C-104 Supersedes Effective 1-	Old C-104 and C	
	I.S.G.S. AND OFFICE IRANSPORTER OIL GAS OPERATOR PRORATION OFFICE	AUTHORIZATION TO TR	ANSPORT OIL AND	NATURAL (GAS		
I.	Operator Texas Pacific Oil Company, Inc. Address						
	P. O. Box 4067, Midlar Reason(s) for filing (Check proper box New Well		Other (Pleas	e explain)		***************************************	
	Recompletion Change in Ownership	Oil Dry G Casinghead Gas X Conde	<u> </u>	nation of	Casinghead Ga	ìs	
	If change of ownership give name and address of previous owner						
II.	DESCRIPTION OF WELL AND LEASE						
	S. R. Cooper "A"	Well No. Pool Name, Including F	Formation	Kind of Lease State, Federa		Lease No	
	Location Unit Letter B 99	Feet From The north	2160 ne and	Feet From 1	_{The} east		
	Line of Section 23 To:	waship 24-S Range	36-E , NMPN	, Lea		County	
III.	DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil (X) Or Condensate (I) Address (Give address to which approved copy of this form is to be sent) Western Oil Transportation Company, Inc. P. O. Box 1183, Houston, Texas 77001						
	Name of Authorized Transporter of Car El Paso Natural Gas Co	Address (Give address	Address (Give address to which approved copy of this form is to be sent) Jal, New Mexico 88250				
	If well produces oil or liquids, Grant Sec. Twp. P.ge. Is gas actually connected? When give location of tanks. J 23 24-S 36-E Yes 4-28-77						
IV.	If this production is commingled with that from any other lease or pool, give commingling order number: COMPLETION DATA						
	Designate Type of Completic	on - (X) Gas Well Gas Well Oli Well Oli Well Oli Well Gas Well Oli Well	New Well Workover	Deepen		es'v. Diff. Res'	
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Total Depth Top Oil/Gas Pay		P.B.T.D. Tubing Depth		
	Perforations	·			Depth Casing Shoe		
		TUBING, CASING, AN	D CEMENTING RECOR	D ·			
	HOLE SIZE	CASING & TUBING SIZE	DEPTH S	ET	SACKS CE	MENT	
W.	TEST DATA AND BEOUEST E	DP ATTOWARD F. (T					
٠.	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 allo OIL WELL able for this depth or be for full 24 hours)						
	Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow	o, pump, gas lift	, etc.)		
	Length of Test	Tubing Pressure	Casing Pressure		Choke Size		
[Actual Prod. During Test	Oll-Bbis.	Water-Bbls.		Gas-MCF		
	GAS WELL Actual Prod. Test-MCF/D	Length of Test	Bbis. Condensate/MMC	F	Gravity of Condensat		
	Testing Method (pitot, 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			OIL (ONSERVA	TION COMMISSIC	. 19	

VI.

Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

(Signature)
District Operations Superintendent

4-29-77 (Date)

Orig. Signed by Clee L. Supv. TITLE_

This form is to be filed in compliance with RULE 1104.

If this is a request for silowable 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 MULE 111.

All sections of this form must be filled out completely for allowable on new and recompleted wells.

Fitt 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

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	DISTRIBUTION .	NEW MEXICO OII	L CONSERVATION COMMISSION				
	ILE	REQUE	ST FOR ALLOWABLE AND	Form C-104 Supersedes Old C-104 and Elfective 1-1-65			
	I.S.G.S.	AUTHORIZATION TO T	RANSPORT OIL AND NATU	DVI CVC			
	Tou I		SALL OIL AND HATO	RAL GAS			
	FRANSPORTER GAS						
	OPERATOR						
1.	PRORATION OFFICE Operator						
	Texas Pacific Oil C	Company, Inc.					
	P. O. Box 4067, Mid	land, Texas 79701					
	Reason(s) for filing (Check proper b	ox)	Other (Please explain	J			
	New Weil Recompletion	Change in Transporter of:		•			
	Change in Ownership		Gas				
1	If change of ownership give name		densate				
	and address of previous owner						
II. 1	DESCRIPTION OF WELL AND Lease Name	Well No.; Pool Name, including	Formation				
	S. R. Cooper "A"	1 Jalmat	1 0.	Lease N Tederal or Fee Fee			
	Location						
	Unit Letter B : 9	90 Feet From The north	ine and 2160 Feet	From The east			
		ownship 24-S Range	04 -	_			
				Lea Count			
II. I	DESIGNATION OF TRANSPOI	RTER OF OIL AND NATURAL G	Address (Give address to which	approved copy of this form is to be sent)			
i	Western Oil Transpo-	rtation Co Inc	P. O. Box 1183. House	ston, Texas 77001			
İ	Name of Authorized Transporter of C	asinghead Gas c: Dry Gas	Address (Give address to which o	approved copy of this form is to be sent)			
-		Unit Sec. Twp. Sec.					
	If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Ege. B 23 248 36E	is gas actually connected?	When			
I	this production is commingled w			<u> </u>			
۷ . ر	this production is commingled with that from any other lease or pool, give commingling order number: OMPLETION DATA Oil Well Ggs Well New Well Workover December Dec						
	Designate Type of Completi	ion – (X)	New Well Workover Deepe	n Plug Back Same Res'v. Diff. Res			
Г	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.			
E	Clevations (DF, RKB, RT, GR, etc.,	Name of Producing Formation	Top Oil/Gas Pay				
L			Top on, our pay	Tubing Depth			
	Perforations			Depth Casing Shoe			
\vdash		THRING CASING AN					
	HOLE SIZE	CASING & TUBING SIZE	D CEMENTING RECORD				
L			i oc. moci	SACKS CEMENT			
ļ							
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/. T	EST DATA AND REQUEST F	OR ALLOWABLE (Test must be	Ther recovery of social values of the				
_0	IL WELL oute First New Oil Run To Tanks	able for this d	tpin or oe jor juit 24 nours;	oil and must be equal to or exceed top allo			
-	die First New Oll Mun To Tonks	Date of Test	Producing Method (Flow, pump, go	is lift, etc.)			
Ŀ	ength of Test	Tubing Pressure	Casing Pressure	Choke Size			
_			•	Chore Size			
^	ctual Prod. During Test	Oil-Bhis.	Water-Bbls.	Gas-MCF			
<u> </u>			<u> </u>				
_	AS WELL						
^	ctual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate			
T	esting Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size			
ـــا نام را	ERTIFICATE OF COMPLIANCE						
		. Li	ADD CONSER	YATION COMMISSION			
I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given			APPROVED -				
Co	MMISSION have been complied u	with and that the information given best of my knowledge and belief.	Orig. Signed Ex				
, g							

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IV.

(Signature)
District Operations Superintendent

4-6-77

(Date)

(Title)

APPROVED	9-00 84 200	10
	Orig. Signed by	
BY	Rimpen	
TITLE	िटर्जाogist	

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