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U.S.G.S.	
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-101
Supersedes Old C-101 and C-102
Effective 1-1-65

ILLEGIBLE

Operator
Texas Pacific Oil Company, Inc.

Address
P. O. Box 4067, Midland, Texas 79701

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)

Casinghead Gas Connection

If change of ownership give name
and address of previous owner

I. DESCRIPTION OF WELL AND LEASE

Lease Name J. W. Cooper	Well No. 8	Pool Name, including Formation Jalmat	Kind of Lease State, Federal or Free	Fee
Location Unit Letter G; 2010 Feet From The north Line and 2310 Feet From The east Line of Section 14 Township 24-S Range 36-E, NMPM, Lea County				

II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐ The Permian Corporation	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1183, Houston, Texas 77001					
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☒ El Paso Natural Gas Company	Address (Give address to which approved copy of this form is to be sent) Jal, New Mexico 88250					
If well produces oil or liquids, give location of tanks.	Unit J	Sec. 14	Twp. 24-S	Rge. 36-E	Is gas actually connected? Yes	When 4-13-79

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

COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Some Restr. Perf. Rev.
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.		
Elevations (DF, RRP, 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	Lbbs. Condensate/MCF	Gravity of Condensate
Testing Method (flow, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size

III. 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.

W. J. McIntosh
(Signature)
Regional Operations Superintendent

April 16, 1979

(Title)

(Date)

OIL CONSERVATION COMMISSION

APR 18 1979

APPROVED _____, 19

BY *Jerry Sexton*

TITLE *Dist. L. Supv.*

This form is to be filed in compliance with RULE 1104.
If this is a request for allowable for a newly drilled or reworked well, this form must be accompanied by a calculation of the gas in place taken on the well in accordance with RULE 1101.
All portions of this form must be filled out completely for all wells on new and reworked wells.
Fill out only Sections I, II, III, and VI for changes of ownership, well name or number, or transporter, or other such change of record.

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APR 1 8 1979

OIL COMMISSIONER'S COMM.
HONOLULU, H. I.