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NEW MEXICO OIL CONSERVATION COMMISSION

REQUEST FOR ALLOWABLE

AND

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form O-104  
Supersedes Old O-104 and O-110  
Effective 1-1-65

I.

Proprietor  
**TEXAS PACIFIC OIL COMPANY**  
Address  
**P. O. Box 1069 - Hobbs, New Mexico**  
Reason(s) for filing (Check proper box)  
New Well ☐ Change of ownership ☐  
Recompletion ☐ ☒  
Change of location ☐ Change of operator ☐

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name **Gregory "C"** Well No. **2** Owner **Langlie Mattix** State **Federal**  
Location  
Section **H** Township **1980** Range **North** Mileage **660** East  
Date of Section **35** Township **25-S** Range **37-E** Lea County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ **The Permian Corp. (Trucks)** Address **P. O. Box 4157 - Midland, Texas**  
Name of Authorized Transporter of Gas/Natural Gas ☒ **El Paso Natural Gas Co.** Address **P. O. Box 1384 - Jal, New Mexico**  
If well produces oil or liquids, give location of tanks. **H 35 25 37 Yes** Date **8-14-61**

If this production is commingled with that from any other lease, state acreage and well number

IV. COMPLETION DATA

Designate Type of Completion - (X)  
Date Spudded \_\_\_\_\_ Date Commenced Production \_\_\_\_\_  
Elevations (DF, RKB, RI, GR, etc.) \_\_\_\_\_ Name of Production Formation \_\_\_\_\_  
Perforations \_\_\_\_\_  
TUBING, CASING, AND CEMENTING  
HOLE SIZE \_\_\_\_\_ CASING & TUBING SIZE \_\_\_\_\_ SACKS CEMENT \_\_\_\_\_

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

Test must be after required waiting time after drilling and must be equal to or exceed top allowable (depth) rate of flow

Date First New Oil Run To Tanks \_\_\_\_\_ Date of Test \_\_\_\_\_ Producing Zone \_\_\_\_\_  
Length of Test \_\_\_\_\_ Tubing Pressure \_\_\_\_\_ Casing Pressure \_\_\_\_\_ Spoke Size \_\_\_\_\_  
Actual Prod. During Test \_\_\_\_\_ Oil - Bbls. \_\_\_\_\_ Water - Bbls. \_\_\_\_\_ GPM - MCF \_\_\_\_\_

GAS WELL

Actual Prod. Test - MCF/D \_\_\_\_\_ Length of Test \_\_\_\_\_ Bbls. Condensate \_\_\_\_\_ Gravity of Condensate \_\_\_\_\_  
Testing Method (pitot, back pr.) \_\_\_\_\_ Tubing Pressure \_\_\_\_\_ Casing Pressure \_\_\_\_\_ Spoke Size \_\_\_\_\_

VI. CERTIFICATE OF COMPLIANCE

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

BY \_\_\_\_\_

TITLE \_\_\_\_\_

Original Signed by

Sheldon Ward

(Signature)

Area Superintendent

(Title)

4-18-68

(Date)

This form must be filed in compliance with RULE 1104.

If this is a well test 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 allowable on newly completed wells.

Fill out Sections I, II, III, and VI for changes of owner, well name or location of transporter or other such change of condition.

Separate Form O-104 must be filed for each pool in multiply completed wells.

NUMBER OF COPIES RECEIVED DISTRIBUTION		NEW MEXICO OIL CONSERVATION COMMISSION SANTA FE, NEW MEXICO			FORM C-110 (Rev. 7-60)	
CERTIFICATE OF COMPLIANCE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS		FILE THE ORIGINAL AND 4 COPIES WITH THE APPROPRIATE OFFICE				
Company or Operator <b>Texas Pacific Coal and Oil Company</b>			Lease <b>Gregory "G"</b>		Well No. <b>2</b>	
Unit Letter <b>H</b>	Section <b>35</b>	Township <b>25-S</b>	Range <b>37-E</b>	County <b>Lea</b>		
Pool <b>Langlie-Mattix</b>			Kind of Lease (State, Fed, Fee) <b>Federal</b>			
If well produces oil or condensate give location of tanks		Unit Letter <b>H</b>	Section <b>35</b>	Township <b>25-S</b>	Range <b>37-E</b>	
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)			
Is Gas Actually Connected? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>						
Authorized transporter of casing head gas <input checked="" type="checkbox"/> or dry gas <input type="checkbox"/>		Date Connected <b>8/14/61</b>	Address (give address to which approved copy of this form is to be sent) <b>Jal, New Mexico</b>			
If gas is not being sold, give reasons and also explain its present disposition:						
REASON(S) FOR FILING (please check proper box)						
New Well <input type="checkbox"/> Change in Ownership <input type="checkbox"/> Change in Transporter (check one) Other (explain below) <input type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casing head gas <input type="checkbox"/> Condensate <input type="checkbox"/>						
<b>New gas connection</b>						
Remarks						
The undersigned certifies that the Rules and Regulations of the Oil Conservation Commission have been complied with.						
Executed this the <u>17th</u> day of <u>August</u> , 19 <u>61</u>						
OIL CONSERVATION COMMISSION			By			
Approved by			Title			
Title			Company			
Date			Address			
			<b>Petroleum Engineer</b> <b>Texas Pacific Coal and Oil Company</b> <b>P. O. Box 1688, Hobbs, New Mexico</b>			