

NEW MEXICO OIL CONSERVATION COMMISSION
Santa Fe, New Mexico

(Form C-104)
Revised 7/1/57

REQUEST FOR (OIL) - (GAS) ALLOWABLE

New Well
~~Recompletion~~

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FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL GAS
PRODUCTION OFFICE	
OPERATOR	

This form shall be submitted by the operator before an initial allowable will be assigned to any completed Oil or Gas well. Form C-104 is to be submitted in QUADRUPPLICATE to the same District Office to which Form C-101 was sent. The allowable will be assigned effective 7:00 A.M. on date of completion or recompletion, provided this form is filed during calendar month of completion or recompleto. The completion date shall be that date in the case of an oil well when new oil is delivered into the stock tanks. Gas must be reported on 15.025 psia at 60° Fahrenheit.

Locbs, New Mexico August 28, 1961
(Place) (Date)

WE ARE HEREBY REQUESTING AN ALLOWABLE FOR A WELL KNOWN AS:

Texas Pacific Coal & Oil Co. - Gregory #C-1/c-1, Well No. _____, in _____ 1/4 SE _____ 1/4,
(Company or Operator) (Lease)

J _____, Sec. 35 _____, T. 25-S _____, R. 37-E _____, NMPM, _____, Leolis-Rattin _____ Pool
Unit Letter

Lea _____ County Date Spudded 6/29/61 Date Drilling Completed 7/5/61

Please indicate location:

D	C	B	A
E	F	G	H
L	K	J	I
M	N	O	P

Elevation 3022' Total Depth 3324' PSTD 3322'

Top Oil/Gas Pay 3240 Name of Prod. Form. Queen

PRODUCING INTERVAL -

Perforations 3240-50, 3270-76, 3280-85

Open Hole _____ Depth _____ Casing Shoe _____ Depth _____ Tubing _____

OIL WELL TEST -

Natural Prod. Test: _____ bbls. oil, _____ bbls water in _____ hrs, _____ min. Size _____ Choke

Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of load oil used): 20 bbls. oil, 240 bbls water in 24 hrs, _____ min. Size _____ Choke Rump

GAS WELL TEST -

Natural Prod. Test: _____ MCF/Day; Hours flowed _____ Choke Size _____

Method of Testing (pitot, back pressure, etc.): _____

Test After Acid or Fracture Treatment: _____ MCF/Day; Hours flowed _____

Choke Size _____ Method of Testing: _____

Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and sand): 507 w/20,000 gal. ref. oil 20,000 sand.

Casing Press. 3200 Tubing Press. _____ Date first new oil run to tanks 8/13/61

Oil Transporter Cities Service Oil Company

Gas Transporter _____

(FOOTAGE)
Tubing, Casing and Cementing Record

Size	Feet	Size
8-5/8"	328	300
5-1/2"	3314	300
2"	3309	

Remarks: _____

I hereby certify that the information given above is true and complete to the best of my knowledge.

Approved _____, 19 _____ Texas Pacific Coal and Oil Company
(Company or Operator)

OIL CONSERVATION COMMISSION

By: _____
(Signature)

By: _____ Title: District Engineer
Send Communications regarding well to:

Title _____ Name: Texas Pacific Coal & Oil Company

Address: P.O. Box 1021, Locbs, New Mexico

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OPERATOR	

NEW MEXICO OIL CONSERVATION COMMISSION
SANTA FE, NEW MEXICO

CERTIFICATE OF COMPLIANCE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

FORM C-110
(Rev. 7-60)

FILE THE ORIGINAL AND 4 COPIES WITH THE APPROPRIATE OFFICE

Company or Operator Texas Pacific Coal and Oil Company				Lease Lease No. A/c-1	Well No. 3
Unit Letter J	Section 35	Township 25-S	Range 27-E	County Lea	

Pool Langlie-Mattix	Kind of Lease (State, Fed, Fee) Federal
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If well produces oil or condensate give location of tanks	Unit Letter H	Section 35	Township 25-S	Range 37-E
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Authorized transporter of oil <input checked="" type="checkbox"/> or condensate <input type="checkbox"/>	Address (give address to which approved copy of this form is to be sent)
Cities Service Oil Company	P. O. Box 4177, Midland, Texas

Is Gas Actually Connected? Yes No

Authorized transporter of casing head gas <input type="checkbox"/> or dry gas <input type="checkbox"/>	Date Connected	Address (give address to which approved copy of this form is to be sent)
None		

If gas is not being sold, give reasons and also explain its present disposition:

Gas is contracted to El Paso Natural Gas Company. Connection will be obtained in the near future.

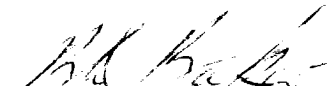
REASON(S) FOR FILING (please check proper box)

New Well <input checked="" type="checkbox"/>	Change in Ownership <input type="checkbox"/>
Change in Transporter (check one)	Other (explain below)
Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>	
Casing head gas <input type="checkbox"/> Condensate <input type="checkbox"/>	

Remarks

The undersigned certifies that the Rules and Regulations of the Oil Conservation Commission have been complied with.

Executed this the 25th day of August, 19 61.

OIL CONSERVATION COMMISSION	By 
Approved by	Title District Engineer
Title	Company Texas Pacific Coal and Oil Company
Date	Address P. O. Box 1684, Hobbs, New Mexico