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LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OFFICE		

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-104 and C-110
Effective 5-1-65

HOBBS FEB 21 1 24 PM '67

CHANGE OF OPERATION FROM
TEXAS PACIFIC OIL COMPANY
A DIVISION OF JOSEPH E. SEAGRAN & SONS, INC.
TO TEXAS PACIFIC OIL COMPANY, INC.
EFFECTIVE MAY 1, 1969

I. Operator
TEXAS PACIFIC OIL COMPANY

Address
P.O. Box 1069 - Hobbs, New Mexico

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) **Request for allowable. Temporary commingling of Justis Elinebry-Justis Tubb-Drinkard for 30 days.**

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name **Carlson Federal** Lease No. **NM-05254** Well No. **1** Pool Name, including Formation **Justis Tubb-Drinkard** Kind of Lease **Federal**

Location
Unit Letter **B** ; **330** Feet From The **North** Line and **1650** Feet From The **East**

Line of Section **26** Township **25-S** Range **37-E** , NMPM, **Lea** County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐
Texas-New Mexico Pipeline Address (Give address to which approved copy of this form is to be sent)
P.O. Box 1510 - Midland, Texas

Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐
El Paso Natural Gas Address (Give address to which approved copy of this form is to be sent)
P.O. Box 1384 - Jal, New Mexico

If well produces oil or liquids, give location of tanks. Unit **B** Sec. **26** Twp. **25** Rge. **37** Is gas actually connected? **Yes** When **4-5-65**

If this production is commingled with that from any other lease or pool, give commingling order number: **Pending Approval**

IV. COMPLETION DATA

Designate Type of Completion - (X) ☒ Oil Well ☐ Gas Well ☐ New Well ☐ Workover ☒ Deepen ☐ Plug Back ☐ Same Res'tv. ☐ Diff. Res'tv. ☒

Date ~~Work~~ Commenced. **1-11-67** Date Compl. Ready to Prod. **2-11-67** Total Depth **5982'** P.B.T.D. **5945'**

Elevations (DF, RKB, RT, GR, etc.) **3056.2' GR** Name of Producing Formation **Tubb** Top Oil/Gas Pay **5747'** Tubing Depth **5870'**

Perforations **Tubb-5928-5921-5911-5873-5843-5803-5782-5747'** Depth Casing Shoe **6050'**

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
11"	8-5/8"	965'	350
7-7/8"	5-1/2"	6050'	825
	2-1/16"	5870'	

V. 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 2-11-67	Date of Test 2-18-67	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 24 hrs.	Tubing Pressure 50#	Casing Pressure Pkr.	Choke Size 2"
Actual Prod. During Test 122	Oil-Bbls. 14	Water-Bbls. 108	Gas-MCF 62

GAS WELL

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

VI. 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.

Original Signed by
Shelden Ward

(Signature)
Area Superintendent

(Title)
2-20-67

(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19____

BY _____

TITLE **SIGNATURE**

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 allowable on new and recompleted wells.

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 completed wells.

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