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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 1-1-65

1167

I. Operator
TEXAS PACIFIC OIL COMPANY

Address
P.O. Box 1069 - "Obbs, New Mexico

Reason(s) for filing (Check proper box) Other (Please explain)

New Well Change in Transporter of:
 Recompletion Oil Dry Gas
 Change in Ownership Casinghead Gas Condensate

If change of ownership give name and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name Eaton S.W.	Lease No. NMJ-540	Well No. 8	Pool Name, including Formation Justis Tubb-Drinkard	Kind of Lease State, Federal or Fee State
Location				
Unit Letter M	990	Feet From The South	Line and 330	Feet From The West
Line of Section 12	Township 25-S	Range 37-E	County Lea	County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of 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)
Texas-New Mexico Pipeline	P.O. Box 1510 Midland, Texas
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
El Paso Natural Gas	P.O. Box 1384 Jal, New Mexico
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas normally collected? When
	12 25 37 No Vented

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

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'v. <input type="checkbox"/>	Diff. Res'v. <input type="checkbox"/>
Date Spudded 3-21-67	Date Compl. Ready to Prod. 4-23-67	Total Depth 6200'	P.B.T.D. 6170'					
Elevations (DF, RKB, RT, GR, etc.) 3101.1' GR	Name of Producing Formation Tubb-Drinkard	Top Oil/Gas Pay 5780'	Testing Depth 6114'					
Perforations 5780-87-93-5800-43-73-79-5928-76-84-97-6014-28-44-56-64-79-86-94-6110-18-42'	TUBING, CASING, AND CEMENTING RECORD			Pkr. © 5699'				
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET		SACKS CEMENT				
12-1/4"	8-5/8"	960'		500				
7-7/8"	5-1/2"	6200'		580				
	2"	6114"						

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 4-23-67	Date of Test 5-10-67	Producing Method (Flow, pump, gas lift, etc.) Flowing	
Length of Test 24 hrs.	Tubing Pressure 200#	Casing Pressure Packer	Choke Size 32/64"
Actual Prod. During Test 446	Oil-Bbls. 288	Water-Bbls. 158	Gas-MCF 182

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MCF	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.

[Signature]
 Area Superintendent
 4-11-67
 (Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19____

BY _____

TITLE _____

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.