

DISTRIBUTION			
SANTA FE			
FILE			
U.S.G.S.			
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 1-1-65

I. Operator
TEXAS PACIFIC OIL CO., INC.
Address
P. O. Box 1069 - Hobbs, New Mexico 88240
Reason(s) for filing (check proper box)
New Well ☐ Change in Transporter of:
Recompletion ☒ Oil ☐ Dry Gas
Change in Ownership ☐ Casinghead Gas ☐ Condensate

ILLEGIBLE

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Eaton S.W.	Well No. Pool Name, including Formation 9 Justis Blinbry	Kind of Lease State, Federal or Fee State	Lease No. MLJ 540
Location Unit Letter L : 2310 Feet From The South Line and 330 Feet From The West Line of Section 12 Township 25-S Range 37-R N.M.S.M. 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"/> Texas New Mexico Pipeline	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1510 - Midland, Texas 79701		
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> El Paso Natural Gas Co.	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1384 - Jai, New Mexico 88252		
If well produces oil or liquids, give location of tanks.	Unit M	Sec. 12	Twp. 25
	Rge. 37	Is gas actually condensed? Yes 8-21-67	

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

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input checked="" type="checkbox"/>	Same Res'v. <input type="checkbox"/>	Diff. Res'v. <input checked="" type="checkbox"/>
Date Spudded 1-4-74	Date Compl. Ready to Prod. 1-10-74		Total Depth 6200'		P.B.T.D. 5684'			
Elevations (DF, RKB, RT, GR, etc.) 3140' GR	Name of Producing Formation Blinbry		Top Oil/Gas Pay 5102'		Tubing Depth 5342'			
Perforations 5102, 11, 16, 24, 31, 38, 54, 59, 61, 63, 72, 78, 83, 92, 5209, 14, 20, 38, 42, 56, 68, 94, 97, 5308, 34, 61, 90, 5401, 13'								
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
11"	8-5/8"		915'		500			
7-7/8"	5-1/2"		6200'		620			
	2-3/8"		10 fts. below packer (4989')					
	2-1/16"		5342'					

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 1-8-74	Date of Test 1-10-74	Producing Method (Flow, pump, gas lift, etc.) Flowing	
Length of Test 24 hr.	Tubing Pressure 7508	Casing Pressure Packer	Choke Size 20/64"
Actual Prod. During Test	Oil - Bbls. 278	Water - Bbls. 200 Load Water	Gas - MCF 685

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	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
Lloyd Wright

(Signature)

Area Superintendent
(Title)

1-11-74
(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