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	GAS	
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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 6-1-65

JUL 5 9 47 AM '67

Operator TEXAS PACIFIC OIL COMPANY	
Address P. O. Box 1069 - Hobbs, New Mexico	
Reason(s) for filing (Check proper box)	
New Well <input checked="" type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>

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. 9	Pool Name, including Formation Justis Tubb-Drinkard	Kind of Lease State
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-E	County Lea		

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) 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) P. O. Box 1384 - Jal, New Mexico					
If well produces oil or liquids, give location of tanks.	Unit M	Sec. 12	Twp. 25	Rge. 37	Is gas actually condensed? No	When Vented

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 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 5-31-67	Date Compl. Ready to Prod. 6-29-67	Total Depth 6200'		P.B.T.D. 6152'					
Elevations (DF, RKB, RT, GR, etc.) 3140.4' GR	Name of Producing Formation Tubb-Drinkard	Top Oil/Gas Pay 5742'		Tubing Depth 6138'					
Perforations 5742-54-80-85-91-5818-22-34-39-63-70-5921-61-74-6030-54-92-6106-13-27-34-38'		TUBING, CASING, AND CEMENTING RECORD		Depth Casing Shoe 6200'					
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"		6138'						

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 6-29-67	Date of Test 7-2-67	Producing Method (Flow, pump, gas lift, etc.) Flowing	
Length of Test 24 hrs.	Tubing Pressure 490#	Casing Pressure 910#	Choke Size 16/64"
Actual Prod. During Test 187	Oil-Bbls. 140	Water-Bbls. 47	Gas-MCF 1316

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.

Original Signed by

(Signature)

Area Superintendent

(Title)

7-3-67

(Date)

Logs & Deviation enclosed.

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.