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SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRORATION OFFICE	

NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWARLE

Form C-104 Supersedes Old C-104 and C-110

FILE			Effective 1-1-65
	4	AND	11.046
U.S.G.S.	AUTHORIZATION TO TRA	ANSPORT OIL AND NATUR	AL GAS
LAND OFFICE	4		~ 67 17 197
TRANSPORTER OIL	_		• 47
GAS	_		
OPERATOR			
PRORATION OFFICE			
Operator			
TEXAS PACIFIC OIL CO	MPANY		
Address			
P. O. Box 1069 - Hob	ha. New Mexico		
Reason(s) for filing (Check proper box	c)	Other (Preuse explain	.,
New Well	Change in Transporter of:	:	
Recompletion	Cil Dry Go	as	
	Casinghead Gas Conde		
Change in Ownership	Oddinghodd ddo	1.0-1150	
If change of ownership give name			
and address of previous owner			
DESCRIPTION OF WELL AND	LEASE	The second secon	Kind of Lease
Lease Name	Lease No. Well No. Pool Na	ame, Including Formatic:	
Eaton S. W.	NMJ 540 10 Just	tis Elinebry	State, Federal or Fee State
Location	•	,	
Unit Latter N . 500	Feet From The South Ln	ne and <u>165C</u> Feet	From The West
Unit Letter;			
Line of Section 12	ownship 25-S Range	37-E , 1165-15,	Count
Line of Section			
DECICE ATION OF TRANSPOL	TER OF OIL AND NATURAL GA	AS	
Name of Authorized Transporter of O	or Condensate	Address (Give address to which	approved copy of this form is to be sent)
Texas-New Hexico Pip		P. O. Box 1510 - M	idland. Texas
Name of Authorized Transporter of Co		Address Give address to which	approved copy of this form is to be sent)
1			
El Paso Natural Gas		P. O. Box 1384 - Ja	When
If well produces oil or liquids,	Unit Sec. Twp. Rge.	is gas actually connected?	
give location of tanks.	M 12 25 37	No	Vented
If this production is commingled w	ith that from any other lease or pool,	give commingling order numbe	PC-326
COMPLETION DATA	The that them any control is		
	Oil Well Gas Well	New Well Worksver Deep	pen Flug Back Same Resty, Diff. Res
Designate Type of Complet	\mathbf{x}	X	
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
•	8-26-67	62001	61421
7-21-67	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
Elevations (DF, RKB, RT, GR, etc.)		reene	-/-/-
3090.8° GR	Flinebry	2267	Depth Casing Shoe
Perforations		r/ 004	
5327-69-98-5408-28-3	5-57-5510-22-30-57-95 &	56U2V	6178*
		ID CEMENTING RECORD	SACKS CEMENT
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	
11"	8-5/8" 24#	9501	500
7-7/8	5-1/2° 14# & 15.5#	6178*	620
	2-1/16"	5616*	
		701 0-	1
THE PART AND PROVIDED	TOP ALLOWARIE (Tast must be	after recovery of total volume of lo	oad oil and must be equal to or exceed top al
TEST DATA AND REQUEST	FOR ALLOWABLE (Test must be able for this d	lepth or be for full 24 hours)	
OIL WELL	FOR ALLOWABLE (Test must be able for this d	after recovery of total volume of le lepth or be for full 24 hours) Producing Method (Flow, pump,	
OIL WELL Date First New Cil Run To Tanks	able for this d	Producing Method (Flow, pump,	oad oil and must be equal to or exceed top al
OIL WELL Date First New Cil Run To Tanks 8-2667	able for this d Date of Tes: 9-7-67	lepth or be for full 24 hours)	
OIL WELL Date First New Cil Run To Tanks 8-2667 Length of Test	Date of Test 9-7-67 Tubing Pressure	Producing Method (Flow, pump, Casing Pressure	, gas lift, etc.) Choke Size
OIL WELL Date First New Cil Run To Tanks 8-2667 Length of Test 24 hrs.	Date of Test 9-7-67 Tubing Pressure	Producing Method (Flow, pump, Casing Pressure 600#	, gas lift, etc.)
OIL WELL Date First New Oil Run To Tanks 8-2667 Length of Test 24 hrs. Actual Prod. During Test	Date of Test 9-7-67 Tubing Pressure 100# Oil-Bbis.	Producing Method (Flow, pump, Placing Casing Pressure 6004 Water-Bbis.	Choke Size 26/64* Gas-MCF
OIL WELL Date First New Cil Run To Tanks 8-2667 Length of Test 24 hrs.	Date of Test 9-7-67 Tubing Pressure	Producing Method (Flow, pump, Casing Pressure 600#	Choke Size
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OIL WELL Date First New Oil Run To Tanks 8-26-67 Length of Test 24 hrs. Actual Prod. During Test 28C GAS WELL	able for this d Date of Test 9-7-67 Tubing Pressure 100# Oil-Bbis. 144	Producing Method (Flow, pump, Floring Casing Pressure 600# Water-Bbls.	Choke Size 26/64 Gas-MCF 278
OIL WELL Date First New Cil Run To Tanks 8-2667 Length of Test 24 hrs. Actual Prod. During Test 280	Date of Test 9-7-67 Tubing Pressure 100# Oil-Bbis.	Producing Method (Flow, pump, Placing Casing Pressure 6004 Water-Bbis.	Choke Size 26/64 Gas-MCF
OIL WELL Date First New Oil Run To Tanks 8-26-67 Length of Test 24 hrs. Actual Prod. During Test 28C GAS WELL	able for this d Date of Test 9-7-67 Tubing Pressure 100# Oil-Bbis. 144	Producing Method (Flow, pump, Floring Casing Pressure 600# Water-Bbls.	Choke Size 26/64 Gas-MCF 278
OII. WELL Date First New Oil Run To Tanks 8-26-67 Length of Test 24 hrs. Actual Prod. During Test 28C GAS WELL Actual Prod. Test-MCF/D	able for this d Date of Test 9-7-67 Tubing Pressure 100# Oil-Bbis. 144	Producing Method (Flow, pump, Floring Casing Pressure 600# Water-Bbls.	Choke Size 26/64 Gas-MCF 278
OIL WELL Date First New Oil Run To Tanks 8-26-67 Length of Test 24 hrs. Actual Prod. During Test 28C GAS WELL	able for this d Date of Test 9-7-67 Tubing Pressure 100# Oil-Bbis. 144 Length of Test	Producing Method (Flow, pump, Flowing Casing Pressure 6004 Water-Bbls. 136 Bbls. Condensate/MMCF	Choke Size 26/64 Gas-MCF 278 Gravity of Condensate
OIL WELL Date First New Oil Run To Tanks 8-26-67 Length of Test 24 hrs. Actual Prod. During Test 28C GAS WELL Actual Prod. Test-MCF/D Testing Method (pitot, back pr.)	able for this d Date of Test 9-7-67 Tubing Pressure 100# Oil-Bbis. 144 Length of Test Tubing Pressure	Producing Method (Flow, pump, Planting Casing Pressure 600# Water-Bbis. 136 Bbis. Condensate/MMOF Casing Pressure	Choke Size 26/64 Gas-MCF 278 Gravity of Condensate Choke Size
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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.

Log Enclosed

(Signature)

(Date)

Area Superintendent

9-8-67