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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) 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 <b>Eaton S.W.</b>	Well No. <b>11</b>	Pool Name, including Formation <b>Justis Tubb-Drinkard</b>	Kind of Lease State, Federal or Fee	Lease No. <b>NMJ 540</b>
Location Unit Letter <b>K</b> <b>1650</b> Feet From The <b>South</b> Line and <b>1750</b> Feet From The <b>West</b> Line of Section <b>12</b> Township <b>25-S</b> Range <b>37-E</b> NMPM, <b>Lea</b> 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"/> <b>Texas New Mexico Pipeline</b>	Address (Give address to which approved copy of this form is to be sent) <b>P.O. Box 1510 - Midland, Texas</b>			
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> <b>El Paso Natural Gas Co.</b>	Address (Give address to which approved copy of this form is to be sent) <b>P.O. Box 1384 - Jal, New Mexico</b>			
If well produces oil or liquids, give location of tanks.	Unit <b>M</b>	Sec. <b>12</b>	Twp. <b>25</b>	Rge. <b>37</b>
Is gas actually connected?		When <b>5-13-71</b>		

If this production is commingled with that from any other lease or pool, give commingling order number: **PC-326**

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 <b>4-12-71</b>	Date Compl. Ready to Prod. <b>5-13-71</b>		Total Depth <b>6201'</b>		P.B.T.D. <b>6180'</b>			
Elevations (DF, RKB, RT, GR, etc.) <b>3091.2' GR</b>	Name of Producing Formation <b>Tubb-Drinkard</b>		Top Oil/Gas Pay <b>5769'</b>		Tubing Depth			
Perforations <b>5769-89-99-5802-26-37-45-47-64-74-83-5922-50-54-6054-72-93-6109-19-22-37-46-52-61-68-72-74'</b>					Depth Casing Shoe <b>6201'</b>			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
<b>12-1/4</b>	<b>8-5/8 24# J-55</b>		<b>920'</b>		<b>500</b>			
<b>7-7/8</b>	<b>5-1/2 14 &amp; 15.5# J-55</b>		<b>6201</b>		<b>620</b>			

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 <b>5-13-71</b>	Date of Test <b>5-14-71</b>	Producing Method (Flow, pump, gas lift, etc.) <b>Flow</b>	
Length of Test <b>24 hrs.</b>	Tubing Pressure <b>850#</b>	Casing Pressure <b>0</b>	Choke Size <b>18/64</b>
Actual Prod. During Test <b>180</b>	Oil - Bbls. <b>180</b>	Water - Bbls. <b>0</b>	Gas - MCF <b>390</b>

GAS WELL

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

OIL CONSERVATION COMMISSION  
APPROVED **MAY 15 1971**, 19  
BY **[Signature]**  
TITLE **MANAGER DISTRICT**

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 allow-

**Area Superintendent**

**5/14/71**

(Title)

DEVIATION RECORD

<u>Footage</u>	<u>Slope</u>	<u>Footage</u>	<u>Slope</u>
154 - 1/4	1/4	3993	1-1/4
500	1/4	4420	1-1/4
915	1/2	5050	2
1450	1/2	5430	1-1/2
2546	2-1/4	5724	1-1/2
2922	2	5934	1
3118	1-1/4	6179	1
3500	1	6201	2
3615	1-1/4		

I hereby certify the information given above is true and complete to the best of my knowledge.

TEXAS PACIFIC OIL CO., INC.

C.R. Tilley  
C.R. Tilley  
Area Production Foreman

Subscribed and sworn to before me this 17<sup>th</sup> day of May, 1971.

Melba L. Seago  
Melba L. Seago  
Notary Public  
Lea County, New Mexico

My commission expires January 30, 1975.

RECEIVED

MAY 17 1971

OIL CONSERVATION COMM.  
HOBBS, N. M.