

DISTRIBUTION			
ANTA FE			
ILE			
S.G.S.			
AND 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-1
Effective 1-1-65

I. Operator
Texas Pacific Oil Company, Inc.

Address
P. O. Box 4067, Midland, Texas 79701

Reason(s) for filing (Check proper box) Other (Please explain)
New Well ☐ Change in Transporter oil ☐
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	Well No. Pool Name, Including Formation	Kind of Lease	Lease No.
Wells	12 Langlie Mattix	State, Federal or Fee Federal	NM-14214
Location	Unit Letter K 2130 Sec. From The South Line and 1830 Feet From The West		
Line of Section 4	Township 25-S Range 37-E	NMCM	Lea County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐	Address (Give address to which approved copy of this form is to be sent)
Mobil Pipe Line Company	Box 1073, Midland, Texas 79701
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☐	Address (Give address to which approved copy of this form is to be sent)
Lease Fuel	
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When
K 4 25-S 37-E	yes 5-21-76

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)	Old Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Rest'v.	Diff. Rest'v.
X			X					
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
3-10-76	4-12-76	3800'	3752'					
Elevations (DE, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Flow	Tubing Depth					
3202 GR	Langlie Mattix	3427'	3590'					
Perforations			Depth Casing Shoe					
3427' - 3598'			3800'					
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
	13-2/8"	40'	Redi Mix - Surface					
12-1/4"	8-5/8"	1120'	700 SKS.					
7-7/8"	5-1/2"	3800'	400 SKS.					
	2-3/8"	3590'						

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	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
4-12-76	4-24-76	Pumping	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24 Hours			
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF
83	83	148	TSTM

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shot-in)	Casing Pressure (Shot-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.

W. J. McClintock
(Signature)
Area Superintendent
(Title)
5-21-76
(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 deviated 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 multiple-completed wells.