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TRANSPORTER	OIL /
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NEW MEXICO OIL CONSERVATION COMMISSION  
REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS RECEIVED

Form C-104  
Supersedes Old C-104 and C-110  
Effective 1-1-65

JAN 21 1972

O. E. C.  
ARTCSIA, OFFICE

I. Operator  
Texas American Oil Corporation ✓  
Address  
1012 Midland Savings Building, Midland, Texas 79701  
Reason(s) for filing (Check proper box)  
New Well ☒ Change in Transporter of:  
Recompletion ☐ Oil ☐ Dry Gas ☐  
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐  
Other (Please explain)  
CASINGHEAD GAS MUST NOT BE  
FLARED AFTER 3-8-72  
UNLESS AN EXCEPTION TO R-4970  
IS OBTAINED  
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.
Etz A State	16	Grayburg Jackson	State, Federal or Fee State	B-2209
Location				
Unit Letter	L	1650 Feet From The South	Line and	660 Feet From The West
Line of Section	16	Township	17-S	Range 30-E, NMPM, Eddy 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"/>	Address (Give address to which approved copy of this form is to be sent)					
Texas-New Mexico Pipeline Company	P. O. Box 1510, Midland, Texas 79701					
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)					
Continental Oil Company	Attn: Mr. Glen Woodruff P. O. Box 431, Midland, Texas 79701					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	L	16	17	30	No Yes	1-30-72 Within 3 weeks

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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
(X)	(X)		(X)					
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
12-12-71	1-13-72	3305	3286					
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
3674.5 RB	Grayburg Jackson	2520	3196					
Perforations						Depth Casing Shoe		
2520-3180 w/40 holes						3305		
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
11"	8-5/8"		520'		220 SX			
7-7/8"	5-1/2"		3305'		360 SX			

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.)	
1-8-72	1-13-72	Pump	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24 hrs.	None	None	-
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF
	45	41	77

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.

Roy K. Valla  
(Signature)

Production Manager

(Title)

January 14, 1972

(Date)

OIL CONSERVATION COMMISSION

APPROVED JAN 21 1972, 19  
BY W. A. Grasset  
TITLE OIL AND GAS INSPECTOR

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.