



STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

Form C-104  
Revised 10-01-78  
Format 06-01-83  
Page 1

OIL CONSERVATION DIVISION  
P. O. BOX 2088  
SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NO. OF COPIES RECEIVED		
DISTRIBUTION		
SANTA FE		
FILE		
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRODUCTION OFFICE		

I.

Operator  
Roger O. Goza

Address  
P.O. Box 1313, Monahans, Texas 79756

Reason(s) for filing (Check proper box)

<input type="checkbox"/> New Well	Change in Transporter of:	<input type="checkbox"/> Dry Gas
<input type="checkbox"/> Recompletion	<input checked="" type="checkbox"/> Oil	<input type="checkbox"/> Condensate
<input checked="" type="checkbox"/> Change in Ownership	<input type="checkbox"/> Casinghead Gas	

Other (Please explain)

If change of ownership give name and address of previous owner  
Texas American Oil Corporation  
300 West Wall St., Midland, Texas 79701

II. DESCRIPTION OF WELL AND LEASE

Lease # LC061144(71-061144)

Lease Name <u>R &amp; B Federal</u>	Well No. <u>1</u>	Pool Name, including Formation <u>Lynch <sup>yates</sup> (Seven Rivers)</u>	Kind of Lease State, Federal or Fee <u>Federal</u>	Lease No. <u>see above</u>
Location				
Unit Letter <u>0</u> : <u>2310</u> Feet From The <u>East</u> Line and <u>330</u> Feet From The <u>South</u>				
Line of Section <u>22</u> Township <u>20-S</u> Range <u>34-E</u> , NMPM, <u>Lea</u> 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"/> <u>Lantern Petroleum Corporation</u>	Address (Give address to which approved copy of this form is to be sent) <u>Box 2281, Midland, Texas 79702</u>			
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> <u>N/A</u>	Address (Give address to which approved copy of this form is to be sent)			
If well produces oil or liquids, give location of tanks.	Unit <u>0</u>	Sec. <u>22</u>	Twp. <u>20-S</u>	Rge. <u>34-E</u>
	Is gas actually connected?		When	

If this production is commingled with that from any other lease or pool, give commingling order number: \_\_\_\_\_

NOTE: Complete Parts IV and V on reverse side if necessary.

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given is true and complete to the best of my knowledge and belief.

[Signature]  
(Signature)

Operator \_\_\_\_\_  
(Title)

4/29/87  
(Date)

OIL CONSERVATION DIVISION

APPROVED MAY 12 1987, 19 \_\_\_\_\_

BY ORIGINAL SIGNED BY JERRY SEXTON  
DISTRICT I SUPERVISOR

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.

N. M. OIL FIELD INVESTIGATION  
P. O. BOX 120  
HOBBS, NEW MEXICO 88241

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir. Use Form 9-331-C for such proposals.)

1. oil well  gas well  other

2. NAME OF OPERATOR  
Texas American Oil Corporation

3. ADDRESS OF OPERATOR  
300 W. Wall - St. 400 Midland, TX. 79701

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)  
AT SURFACE: 330' FSL & 2310' FEL  
AT TOP PROD. INTERVAL: Same  
AT TOTAL DEPTH: Same

16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

REQUEST FOR APPROVAL TO:		SUBSEQUENT REPORT OF:
TEST WATER SHUT-OFF	<input type="checkbox"/>	<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	<input type="checkbox"/>
PULL OR ALTER CASING	<input type="checkbox"/>	<input type="checkbox"/>
MULTIPLE COMPLETE	<input type="checkbox"/>	<input type="checkbox"/>
CHANGE ZONES	<input type="checkbox"/>	<input type="checkbox"/>
ABANDON*	<input type="checkbox"/>	<input type="checkbox"/>
(other) <u>Temporarily Abandon</u>		

5. LEASE  
LC-0 61144

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME  
R. & B. Federal

9. WELL NO.  
1

10. FIELD OR WILDCAT NAME  
Lynch. (Yates Seven Rivers)

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA  
Sec. 22, T20S, R34E, Unit 0

12. COUNTY OR PARISH  
Lea

13. STATE  
New Mexico

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)  
3675'

(NOTE: Report results of multiple completion or zone change on Form 9-330.)

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)  
Lease is uneconomical @ 3BPD to produce at present oil prices, therefore we respectfully request permission to shut in the lease until oil prices improve.

APPROVED FOR 12 MONTH PERIOD  
ENDING 4/8/87

Subsurface Safety Valve: Manu. and Type \_\_\_\_\_ Set @ \_\_\_\_\_ Ft.

18. I hereby certify that the foregoing is true and correct

SIGNED R. D. Henson TITLE Monahans Dist. Mgr DATE 4-7-86

(This space for Federal or State office use)

APPROVED BY Sgt. Charles S. D. [unclear] TITLE \_\_\_\_\_ DATE 4-8-86  
CONDITIONS OF APPROVAL IF ANY:

RECEIVED  
APR 11 1986  
HOBBS OFFICE