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FILE		1.	
U.S.G.S.		<u> </u>	
LAND OFFICE			
IRANSPORTER	OIL	1	
	GAS		
OPERATOR		21	
		1.	

NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE AND

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

	U.S.G.S.	AUTHORIZATION TO TRAN	ISPORT OIL AND NATURAL G	A3		
	LAND OFFICE					
	IRANSPORTER OIL / RECEIVED					
	GAS					
	OPERATOR 21	ADD 4		•		
1.	PRORATION OFFICE		4 1971			
	Operator	$\sqrt{}$				
	Texas American Oil Corporation D. C. C.					
	Address					
	1012 Midland Savings	Building, Midland,	Texas /9/01			
	Reason(s) for filing (Check proper box)		Other (Please explain)			
	New We!l	Change in Transporter of:	CASINCHEAD	Gia serve		
	Recompletion	OII Dry Gas	FLAPED ASTRO	GAS MUST NOT BE		
	Change in Ownership	Casinghead Gas Condens	FLARED AFTE	R 6-7-21		
			IS OPPLATION	XCEPTION TO R-4070		
	If change of ownership give name		IS OBTAINED			
	and address of previous owner		EN#2-35	eppires 10-1-71		
TT	DESCRIPTION OF WELL AND L	FASE				
11.	Lease Name	Well No. Pool Name, Including Fo	rmation Kind of Lease	Lease No.		
	Etz J State	15 Grayburg Ja	ackson State, Federal	or Fee State B-1483		
	Location					
	- 165	O Feet From The South Line	and 1650 Feet From 3	The East		
	Unit Letter J; 165	Feet From The DOUCH Ellie	und			
	Line of Section 16 Town	nship 17-S Range 30)-Е , ммрм,	Eddy County		
	Line of Section 10 Town	nsinp 17 D				
	THE STATE OF THE ANGRORY	ED OF OU AND NATURAL GAS	3			
III.	DESIGNATION OF TRANSPORT Name of Authorized Transporter of Oil	or Condensate	Address (Give address to which approx	ped copy of this form is to be sent)		
	Name of Authorized Transporter of Ori	oline Co	P O Box 1510. Mi	dland, Texas 79701		
	Texas-New Mexico Pip	Deline Co.	Address (Give address to which approx	ped copy of this form is to be sent)		
	Name of Authorized Transporter of Cas	inghead Gas of Dif Gas	1			
			Is gas actually connected? Who	-n		
	If well produces oil or liquids,	Unit Sec. Twp. Rge.	1			
	give location of tanks.	J 16 17 30	No			
	If this production is commingled with	h that from any other lease or pool,	give commingling order number:			
IV	COMPLETION DATA			Plug Back Same Restv. Diff. Restv.		
- •		Oll Well Gas Well	1 1	Plug Buck Same Nes V. Dim Nes V.		
	Designate Type of Completio	1 (21)	(X)			
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.		
	2-23-71	4-10-71	3350	3312		
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth		
	3676 GR	Jackson	3073	3219		
	Perforations			Depth Casing Shoe		
	3073-3280 w/15 hol	les		3350		
	3073 3200 117 20 110	TUBING, CASING, AND	CEMENTING RECORD			
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT		
	11"	8-5/8"	573'	150 sxs		
	7-7/8"	4-1/2"	3350'	450 sxs		
	1-1/8	23/6"	32/9			
		- /-				
		OD ATT OWART COMMENT	feer recovery of total volume of load oil	and must be equal to or exceed top allow-		
V	V. TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed top a able for this depth or be for full 24 hours)					
	OIL WELL Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas !	ft, etc.)		
			Dump			
	4-9-71	4-10-71 Tubing Pressure	Pump Casing Pressure	Choke Size		
	Length of Test		1	_		
	24 hrs.	None	None None	Gas-MCF		
	Actual Prod. During Test		31	TSTM		
		23				
	GAS WELL		Bbis. Condensate/MMCF	Gravity of Condensate		
	. Actual Prod. Test-MCF/D	Length of Test	Bors. Condensate/Minior			
			Casing Pressure (Shut-in)	Choke Size		
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Cdaing Pressure (Sales 1-)			
			·			
V	I. CERTIFICATE OF COMPLIAN	CE		ATION COMMISSION		
			H APR	1 9 1971		
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.			APPROVED			
				1 / Chassett		
			6			
			TITLE UIL AND GAS II	TITLE OIL AND GAS INSPECTOR		
	// ///	() [/	14	compliance with put s 4404		
	-1/ W//	1/2	This form is to be filed in	compliance with RULE 1104.		
	Konk. Val	KQ	II I ALIA form milet be seconing	wable for a newly drilled or deepends		
Production Manager (Title)		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 m	All sections of this form must be filled out complately for allow			
		able on new and recompleted wells.				
	•		mus souls Continue I	st are and WI for changes of owner		
	April 13, 1971		Fift our ours poetrous si	rter, or other nuch change of condition		

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.