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**RECEIVED**  
NEW MEXICO OIL CONSERVATION COMMISSION

MAY 28 1970

Form C-103  
Supersedes Old  
C-102 and C-103  
Effective 1-1-65

**O. C. C.**  
ARTESIA, OFFICE

5a. Indicate Type of Lease State <input checked="" type="checkbox"/> Fee <input type="checkbox"/>
5. State Oil & Gas Lease No. <b>B-8095</b>
7. Unit Agreement Name
8. Farm or Lease Name <b>Etz C State</b>
9. Well No. <b>8</b>
10. Field and Pool, or Wildcat <b>Grayburg-Jackson</b>
12. County <b>Eddy</b>

**SUNDY 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 "APPLICATION FOR PERMIT - 1" (FORM C-101) FOR SUCH PROPOSALS.)

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER- <input type="checkbox"/>
2. Name of Operator <b>Texas American Oil Corporation</b>
3. Address of Operator <b>1012 Midland Savings Building Midland, Texas 79701</b>
4. Location of Well UNIT LETTER <b>E</b> <b>1980</b> FEET FROM THE <b>North</b> LINE AND <b>660</b> FEET FROM THE <b>West</b> LINE, SECTION <b>16</b> TOWNSHIP <b>17</b> RANGE <b>30</b> NMPM.
15. Elevation (Show whether DF, RT, GR, etc.)

16. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <b>Convert to Water Injection</b> <input checked="" type="checkbox"/>	CASING TEST AND CEMENT JOBS <input type="checkbox"/>	OTHER <input type="checkbox"/>

17. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

**Propose to convert this shut in well to water injection. Plan to inject through tubing and below packer set in cemented 4 1/2" liner**

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

SIGNED <u><i>Roy K. Valla</i></u>	TITLE <b>Production Mgr.</b>	DATE <b>5/26/70</b>
APPROVED BY <u><i>W. A. Gressett</i></u>	TITLE <b>OIL AND GAS INSPECTOR</b>	DATE <b>MAY 28 1970</b>

CONDITIONS OF APPROVAL, IF ANY:

*WFX 339*

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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

51

MAR 27 1970

I. Operator **Texas American Oil Corporation** **ARTESIA, OFFICE**  
Address **1012 Midland Savings Bldg Midland, Texas 79701**  
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 ☐ **Change effective March 1, 1970**

If change of ownership give name and address of previous owner **Harlan Production Company Box 355, Monahans, Texas**

II. DESCRIPTION OF WELL AND LEASE

Lease Name <b>Itz C State</b>	Well No. <b>8</b>	Pool Name, Including Formation <b>Grayburg Jackson (Q.G.SA)</b>	Kind of Lease State, Federal or Fee <b>State</b>	Lease No. <b>B-1095</b>
Location Unit Letter <b>E</b> ; <b>1480</b> Feet From The <b>North</b> Line and <b>660</b> Feet From The <b>West</b> Line of Section <b>16</b> Township <b>17</b> Range <b>30</b> , NMPM, <b>Eddy</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 Pipe Line Co</b>	Address (Give address to which approved copy of this form is to be sent) <b>Box 1510 Midland, Texas</b>	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	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 <b>L</b>	Sec. <b>16</b>
	Twp. <b>17</b>	Rge. <b>30</b>
	Is gas actually connected? <b>No</b> When	

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.
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
Perforations					Depth Casing Shoe			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			

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.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

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.

**Ray K. Valla**  
(Signature)  
Production Mgr.  
(Title)  
March 1, 1970  
(Date)

OIL CONSERVATION COMMISSION  
MAR 30 1970  
APPROVED \_\_\_\_\_, 19\_\_\_\_  
BY **W. A. Gressett**  
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.