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| SANTA FE               |     | 1 |    |  |
| FILE                   |     | j |    |  |
| U.S.G.S.               |     |   |    |  |
| LAND OFFICE            |     |   |    |  |
| TRANSPORTER            | OIL |   |    |  |
| INAMSFORTER            | GAS |   |    |  |
| OPERATOR               |     | 7 |    |  |
| PRORATION OFFICE       |     |   |    |  |
| Operator               |     |   |    |  |

|  | SANTA FE /  | 1                                     | ONSERVATION COMMISSION  | Form C-104   |  |  |
|--|---|---------------------------------------|---|--|--|--|
|  | FILE  | REQUEST                               | FOR ALLOWABLE   | Supersedes Old C-104 and C-11 Effective 1-1-65                       |  |  |
|  | U.S.G.S.  |                                       | AND   |  |  |  |
|  | LAND OFFICE   | AUTHORIZATION TO TRA                  | ANSPORT OF END NATURAL OF   | GAS  |  |  |
|  | OIL /   |                                       | - DEIVE   | D  |  |  |
|  | TRANSPORTER GAS   | 1                                     | _   |  |  |  |
|  | <del></del>   |                                       | SEP 28 1971   |  |  |  |
|  |   | ·                                     | - 13/1  | ÷  |  |  |
| 1.   | PRORATION OFFICE Operator   | <del> </del>                          | n 6 -   |  |  |  |
|  | •   | Oil Corporation                       | D. C. C.<br>ARTESIA, OFFICE   |  |  |  |
|  | Texas American Oil Corporation ARTESIA, OFFICE  Address  1012 Midland Savings Building, Midland, Texas 79701  Recson(s) for filing (Check proper box)  Other (Please explain) |                                       |   |  |  |  |
|  |   |                                       |   |  |  |  |
|  |   |                                       |   |  |  |  |
| New We!! Change in Transporter of:   |   |                                       |   |  |  |  |
|  | Recompletion  | Oil Dry Ga                            | s   Effective 10-1  | <b>-71</b>   |  |  |
|  | Change in Ownership X   | Casinghead Gas Conder                 |   | . / 1  |  |  |
|  | Change in Ownership 24 Cashiqueda Cas Condensate  |                                       |   |  |  |  |
|  | If change of ownership give name and address of previous owner  | Kersey & Co., 808 W.                  | Grand Avenue, Artes   | ia. New Mexico   |  |  |
| II. DESCRIPTION OF WELL AND LEASE  |   |                                       |   |  |  |  |
| •••  | Lease Name Well No. Pool Name, Including Formation Kind of Lease Lease No.  |                                       |   |  |  |  |
|  | Randel State  | 17 Grayburg                           | Jackson State, Federal  | State B-2130   |  |  |
|  | Location  |                                       |   | 2000 12 2200   |  |  |
|  | Unit Letter C ; 99  | 90 Feet From The North Lin            | te and 2310 Feet From 7   | rhe West   |  |  |
|  | Omit Letter;  |                                       | reet riom   |  |  |  |
| Line of Section 16 Township 17-S Range 30-E , NMPM, Eddy County  |   |                                       |   |  |  |  |
|  |   |                                       |   |  |  |  |
| III.   | DESIGNATION OF TRANSPORT  | TER OF OIL AND NATURAL GA             | as  |  |  |  |
|  | Name of Authorized Transporter of Oil   |                                       | Address (Give address to which approx   | ed copy of this form is to be sent)                                  |  |  |
|  | Texas New Mexico P:   |                                       | P. O. Box 1510, Mid   | land, Texas 79701  |  |  |
|  | Name of Authorized Transporter of Cas   | singhead Gas or Dry Gas               | Address (Give address to which approx   | ed copy of this form is to be sent)                                  |  |  |
|  | None  |                                       |   | ·  |  |  |
|  | If well produces oil or liquids, Unit Sec. Twp. R   |                                       | Is gas actually connected? When   |  |  |  |
|  | give location of tanks.   | F 16 17 30                            | None !  |  |  |  |
|  |   | th that from any other lease or pool, | give commingling order number   |  |  |  |
|  | COMPLETION DATA   | in that from any other lease of pool, | give comminging order number.   |  |  |  |
| Oil Well Gas Well New Well Workover Deepen Plug Back Same Res'v. Diff  |   |                                       |   |  |  |  |
|  | Designate Type of Completic   | on - (X)                              | i i   |  |  |  |
|  | Date Spudded  | Date Compl. Ready to Prod.            | Total Depth   | P.B.T.D.   |  |  |
|  | 7-28-52   | 9-20-52                               | 2097  |  |  |  |
|  | Elevations (DF, RKB, RT, GR, etc.)  | Name of Producing Formation           | Top Oil/Gas Pay   | Tubing Depth   |  |  |
|  | _   | Queen                                 | 2088  | 2075   |  |  |
|  | Perforations  |                                       |   | Depth Casing Shoe  |  |  |
|  | Open Hole   |                                       |   | 1807   |  |  |
|  |   | TUBING, CASING, AND                   | CEMENTING RECORD  |  |  |  |
|  | HOLE SIZE   | CASING & TUBING SIZE                  | DEPTH SET   | SACKS CEMENT   |  |  |
|  | 12"   | 8½"                                   | 494   | 50   |  |  |
|  | 8"_   | 7"                                    | 1807  | 50   |  |  |
|  |   | 2-3/8"                                | 2075  |  |  |  |
|  |   | ·                                     | <u> </u>  |  |  |  |
| V.   | TEST DATA AND REQUEST FO  | OR ALLOWABLE (Test must be a          | fter recovery of total volume of load oil   | and must be equal to or exceed top allow-                            |  |  |
| • •  | OIL WELL  | able for this de                      | pth 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  |                                       |   | 4  |  |  |
|  | 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   |  |  |
|  |   |                                       | <b></b>   | <u> </u>   |  |  |
| VI.  | CERTIFICATE OF COMPLIANCE   | CE                                    | OIL CONSERVA  | TION COMMISSION  |  |  |
| 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. |   |                                       | ABBROVED SEP 28, 1971   |  |  |  |
|  |   |                                       | AFFROVED.   | ,                              |  |  |
|  |   |                                       | By W. a. Gresset  |  |  |  |
| above is true and complete to the best of my knowledge and belief.   |   |                                       |   |  |  |  |
|  | Hoyk Valla (Signature)  |                                       | 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 despended |  |  |  |
|  |   |                                       |   |  |  |  |
|  |   |                                       | well, this form must be accompa   | well, this form must be accompanied by a tabulation of the deviation |  |  |

## VI.

Production Manager (Title) September 27, 1971 (Date)

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