•				=		
ſ	NO. OF COPIES RECEIVED	i	7			
ŀ	DISTRIBUTION		NEW MEXICO OU CO	ONSERVATION COMMISSION FOR ALLOWABLE AND NSPORT OIL AND NATURAL Q	From C-104	
ŀ	SANTA FE		PEOLIEST R	FOR ALLOWARIE	Supersedes Old C-104 and C-110	
	FILE	1-1-	, KEQUEST I	AND	Effective 1-1-65	
ŀ	U.S.G.S.	1/ -	ALITHODIZATION TO TOA	AND MATHRAL OF	A C	
ŀ	LAND OFFICE	 	AUTHORIZATION TO TRAI	131 OKT OIL AND NATOKAL &	E n	
ŀ	OIL	+++	-		EIN	
	TRANSPORTER -		-		~ VED	
1	GAS		4		DEC.	
	OPERATOR	11-	<u> </u>		107.	
1.	PRORATION OFFICE				~ '3/1	
	Operator		/	A.P.	U_{i}	
	Texas American Oil Corporation					
	Address	d_{F}				
	1012 Midland	.012 Midland Savings Building, Midland, Texas 79701				
	Reason(s) for filing (Check	proper bo	Change well number	(X) Other (Please explain)		
	New Well		Change in Transporter of:		del State Well No.	
To change kander so						
			Casinghead Gas Condens	== 1 19 to Well No	. 2 effective 12-1-7	
	Change in Ownership		Custinghead Gus Condens			
	If change of ownership gi	ange of ownership give name				
	and address of previous					
II.	DESCRIPTION OF WE	LL AND	Well No. Pool Name, Including Fo	rmation Kind of Lease	Lease No.	
	Lease Name		west No. 1 See Island, more and a second			
	Randel State		2 Grayburg Jac	ekson state, redetal	or Fee State B-2130	
	Location					
Unit Letter D; 990 Feet From The North Line and 990 Feet From The West Line of Section 16 Township 17-S Range 30-E , NMPM, Eddy					he West	
					Eddy County	
		ANCRAE	TED OF OU AND NATURAL CA	s		
III.	Name of Authorized Trans	ANSPUR	or Condensate	Address (Give address to which approv	ed copy of this form is to be sent)	
	1					
	Texas New Mex	<u>xico E</u>	Pipeline Company	ipeline Company P. O. Box 1510, Midland, Texas 79701		
	Name of Authorized Trans	porter of C	asinghead Gas or Dry Gas	Address (Give address to which approved copy of this form is to be sent)		
	None					
If well produces oil or liquids, Unit Sec. Twp. Rge. Is gas actually connected? When			n			
	give location of tanks.	mas,	F 16 17 30	None		
	L	this production is commingled with that from any other lease or pool, give commingling order number:				
	If this production is com	mingled w	rith that from any other lease or pool,	give comminging order number.		
IV.	COMPLETION DATA		Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.	
	Designate Type of	Complet	ion - (X) X	1 1		
		<u> </u>	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.	
	Date Spudded		-	_		
	2-9-53		4-2-53	2100	This Prob	
	Elevations (DF, RKB, RT,	, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth	
	l -,		Queen	2090	2085	
	Perforations				Depth Casing Shoe	
	Open Hole			2088		
	Open note	TUBING CASING, AND CEMENTING RECORD				
			CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
	HOLE SIZE	<u> </u>		500	50	
	12"		8-5/8"		50	
	8"		<u> </u>	2088	30	
			2-3/8"	2085		
				1		
. · V	TEST DATA AND RE	QUEST	FOR ALLOWABLE (Test must be a	fter recovery of total volume of load oil	and must be equal to or exceed top allow-	
OIL WELL			2016 10, 11111 00	depth or be for full 24 hours) Producing Method (Flow, pump, gas lift, etc.)		
	Date First New Off Run T	o Tanks	Date of Test	Producing Method (Flow, pump, gas it	t, etc.)	
			1			
	Length of Test		Tubing Pressure	Casing Pressure	Choke Size	
	Early Co. 1 co.					
			Oil-Bbls.	Water-Bbls.	Gas-MCF	
	Actual Prod. During Test		011-25:4:			
	GAS WELL				Torrette of Condensate	
	Actual Prod. Test-MCF/	70	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate	
	Testing Method (pitot, ba	ick pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size	
					1	
	ODDAY DIG 100 OF O	OMBITA	NCE	OIL CONSERVA	ATION COMMISSION	
VI	I. CERTIFICATE OF COMPLIANCE			DEC	· 40 74	
APPROVED				1	<u>, 13/1 </u>	
	I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given			APPROVED		
	I Heleby Certify that in-		I will and that the information officer	OIL AND GAS INSPECTOR		
			i with and that the information given the best of my knowledge and belief.	1 ov // //	resser	

Oy K. Valla (Signature) Production Manager

November 29, 1971

(Title)

(Date)

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