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NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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

FEB 9 1973

O. C. C.
ARTESIA, OFFICE

Operator Texas American Oil Corporation	
Address 1012 Midland Savings Building, Midland, Texas 79701	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input type="checkbox"/>	**Abandoned water injection well (Queen Sd.) deepened to Grayburg San Andres
Recompletion <input checked="" type="checkbox"/> **	
Change in Ownership <input type="checkbox"/>	
Change in Transporter of:	
Oil <input type="checkbox"/>	Dry Gas <input type="checkbox"/>
Casinghead Gas <input type="checkbox"/>	Condensate <input type="checkbox"/>

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name McIntyre "D"	Well No. 7	Pool Name, including Formation Grayburg Jackson	Kind of Lease State, Federal or Fee Federal	Lease No. NM074 936
Location				
Unit Letter H ; 1980 Feet From The North Line and 660 Feet From The East				
Line of Section 17 Township 17 Range 30 , NMPM, Eddy 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"/>	Address (Give address to which approved copy of this form is to be sent)					
Navajo Refining Company	Artesia, New Mexico 88210					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
Continental Oil Company	P. O. Box 2197, Houston, Texas 77001					
If well produces oil or liquids, give location of tanks.	Unit H	Sec. 17	Twp. 17	Rge. 30	Is gas actually connected? Yes	When 2-7-73

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 (X)	Gas Well	New Well <input checked="" type="checkbox"/>	Workover	Deepen (X)	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded 5-9-72	Date Compl. Ready to Prod. 2-4-73	Total Depth 3251	P.B.T.D. 3221					
Elevations (DF, RKB, RT, GR, etc.) 3675 GR	Name of Producing Formation Grayburg-San Andres	Top Oil/Gas Pay 2533	Tubing Depth 3187					
Perforations 2533 - 2904 w/35 holes 40H 2935-3221			Depth Casing Shoe 2935					
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
12"	10-3/4"	500'	75 sacks					
10"	8-5/8"	1970'	100 sacks					
6-1/4"	4-1/2"	2935'	300 sacks					

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 2-4-73	Date of Test 2-5-73	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 hrs	Tubing Pressure None	Casing Pressure None	Choke Size -
Actual Prod. During Test	Oil-Bbls. 200	Water-Bbls. 200 LW	Gas-MCF 234

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.

Horace S. Atchey
(Signature)
Vice President
(Title)
2-7-73
(Date)

OIL CONSERVATION COMMISSION
FEB 9 1973
APPROVED _____, 19____
BY W. A. Gussitt
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.