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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

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APR 19 1972

I.

Operator Texas American Oil Corporation		B. C. C.	
Address 1012 Midland Savings Building, Midland, Texas 79701		ARTESIA, OFFICE	
Reason(s) for filing (Check proper box)		Other (Please explain)	
New Well	<input checked="" type="checkbox"/>	Change in Transporter of:	
Recompletion	<input checked="" type="checkbox"/>	Oil	<input type="checkbox"/>
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>
		Dry 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 Etz C State	Well No. 19	Pool Name, Including Formation Grayburg Jackson	Kind of Lease State, Federal or Fee	Lease No. B-8095
Location Unit Letter <u>F</u> ; <u>1980</u> Feet From The <u>North</u> Line and <u>1980</u> Feet From The <u>West</u>				
Line of Section <u>16</u> Township <u>17</u> Range <u>30</u> , NMPM, <u>Eddy</u> 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)	
Texas-New Mexico Pipeline Company	P. O. Box 1510, Midland, Texas 79701	
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	Attn: Mr. Glen Woodruff P. O. Box 431, Midland, Texas 79701	
If well produces oil or liquids, give location of tanks.	Unit <u>F</u>	Sec. <u>16</u>
	Twp. <u>17</u>	Rge. <u>30</u>
	Is gas actually connected? <u>Yes</u>	When <u>4-10-72</u>

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.
	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>
Date Spudded 3-22-72	Date Compl. Ready to Prod. 4-5-72		Total Depth <u>3915' 11300</u>			P.B.T.D. 3915'		
Elevations (DF, RKB, RT, GR, etc.) 3671 GR	Name of Producing Formation San Andres		Top Oil/Gas Pay 3404'			Tubing Depth 3744'		
Perforations <u>3704' - 3740' - San Andres</u>						Depth Casing Shoe 4000'		
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET			SACKS CEMENT		
20"	16"		341			400 Circ.		
11"	8-5/8"		4000			1200		
Tubing	3-1/2" OD		3744					

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 allowable for this depth or be for full 24 hours)

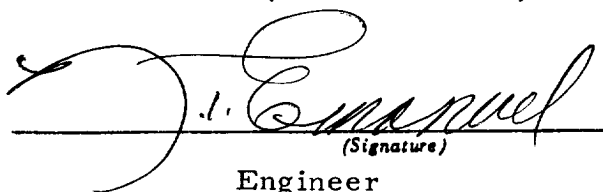
Date First New Oil Run To Tanks 4-10-72	Date of Test 4-18-72	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 hrs	Tubing Pressure 20#	Casing Pressure 20#	Choke Size -
Actual Prod. During Test	Oil - Bbls. 80	Water - Bbls. 179	Gas - MCF 240

GAS WELL

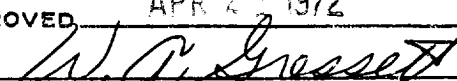
Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size

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.

  
(Signature)  
Engineer  
(Title)  
April 18, 1972  
(Date)

OIL CONSERVATION COMMISSION

APPROVED APR 21 1972  
BY   
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.