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SANTA FE	1			
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U.S.G.S.				
LAND OFFICE				
IRANSPORTER	OIL	I_		
INANGEORIER	GAS			
OPERATOR		1		

## NEW MEXICO OIL CONSERVATION COMM. JON REQUEST FOR ALLOWABLE

Form C-104 Supersedes Old C-104 and C-110

FILE					AND				IV# 1-1-65	
U.S.G.S.				ARTHORIZETION TO FRA	NSPORT	OIL AND I	NATURAL G	AS		
LAND OFFICE	1	<del>                                     </del>								
TRANSPORTER	GAS	11		NOV 2 1 1972						
OPERATOR	UAS									
PRORATION OF	FICE	╏┸╌┼		n. c. c.						
Operator		11		ARTESIA, OFFICE			·			<del></del>
Texas Ame	rican	Oil	C	orporation						
Address										***************************************
				Building, Midland, Texa	s 7970	)1				
Reason(s) for filing	(Check p	proper	box)			Other (Please	explain)			
New Well	H			Change in Transporter of:  OII Dry Ga				•		
Recompletion Change in Ownership				Casinghead Gas Conden	<b>—</b>					
Change in Owners.	••••			Constitution of the Consti			· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·		
If change of owner			e							
and address of pre	Alona om	ner _			-	٠		<del></del>		
DESCRIPTION (	OF WEL	L AN	DI	LEASE						
Lease Name				Well No. Pool Name, Including Fo			Kind of Lease			Lease No.
Etz State				21 Grayburg	Jackso	on	State, Federal	or Fee Stat	<u>e</u>	B-936
Location	_							_		
Unit Letter	Р	. :	990	Feet From The South Lin	e and	330	Feet From T	the <u>East</u>		<del></del>
	16		<b></b>	nakta 17 C Baras	20 E	3 50.4754	17.1.1			<b>0</b>
Line of Section	16		1 OW	mship 17-S Range	30- E	, NMPM	Eddy			County
DESIGNATION O	F TRA	NSPO	RT	TER OF OIL AND NATURAL GA	s				•	
Name of Authorized						Give address	to which approv	ed copy of this j	orm is to	be sent)
Texas-New	Mexi	ico I	Pip	peline Company	P. O.	Box 15	10. Midla	and, Texa	s 797	01
Name of Authorized	Transpor	rter of	Cas	inghead Gas 🔼 or Dry Gas 🗔	Address (	Give address	to which approv	ed copy of this j	orm is to	be sent)
Continental	Oil C	om	paı	ıy	P. O.	Box 43	l, Midlar	nd, Texas	7970	1
If well produces oil		8,		Unit Sec. Twp. Rge. N 16 17 30	is gas act	Yes	•	" /-/8-)2		
give location of tan				<u> </u>	L		<del></del>	1-18-12		
		ngled	with	h that from any other lease or pool,	give comm	ingling order	number:	<del></del>		
COMPLETION D				Oil Well Gas Well	New Well	Workover	Deepen	Plug Back S	ame Res'	v. Diff. Res'v.
Designate Ty	pe of C	omple	etio	n - (X) (X)	(X)		<u> </u>	i i		i
Date Spudded				Date Compl. Ready to Prod.	Total Dep			P.B.T.D.		
10-25-72				11-18-72		4050'		401	<u>l'</u>	
Elevations (DF, RK	B, RT, G	R, etc.	• <i>)</i>	Name of Producing Formation	Top O:1/0			Tubing Depth		
3679 GR				Grayburg-San Andres	1 7	2571'		379 Depth Casing S		
Perforations 2571 - 3184	L / 7 /	í ha	166	,				404		
2371 - 3109	e w/10	J 11 <b>O</b> .	165	TUBING, CASING, AND	CEMENT	ING RECOR	D	404	9	
HOLE	SIZE			CASING & TUBING SIZE		DEPTH SE		SACI	KS CEME	ENT
11"				8-5/8"		543'		100	) sx	
7-7/8"				5-1/2"	4	1049'			) sx	
						5 222	<del> </del>			
<u> </u>				73/8"	<del></del>	3 790		<u> </u>		
TEST DATA AN	D REQI	UEST	FC	OR ALLOWABLE (Test must be af able for this de				ind must be equa	l to or ex-	ceed top allow
OIL WELL Date First New Oil	Run To T	Cank =		Date of Test		•	, pump, gas lif	, etc.)		
1				11-20-72	_					
11-18-72 Length of Test				Tubing Pressure	Casing Pr	imp essure		Choke Size	1	7
24 Hrs				None	N	one				1
Actual Prod. During	Test			Oil-Bbls.	Water - Bb			Gas-MCF		7
				120	22	5 LW		100		
GAS WELL					DV1- C	J		Something of Com-	<del></del>	
Actual Prod. Test-	MCF/D			Length of Test	Bois. Con	densate/MMC	7	Gravity of Con-	zeveate	
Testing Method (pit	ot back	nr. J		Tubing Pressure (Shut-in)	Casina Pr	essure (Shut	-in)	Choke Size		
I setting Method (by	.01, 000	<b>P</b> ···/					- •			
OFPENSIOATE A	05 004	IDI I		1		OIL C	ONSERVA	TION COMM	ISSION	
CERTIFICATE (	OF COM	IPLIA	INC	· <b>E</b>	1				1331014	
I hasabu castifu th	et the ru	ies er	nd re	egulations of the Oil Conservation	APPRO	VED NO	V 2 1 197	2	, 1	9
Commission have been complied with and that the information given			av / A Gressett							
above is true and complete to the best of my knowledge and belief.										
				TITLE DIL AND GAS INSPECTOR						
						ompliance with	RULE	1104.		
CHIANUS				16	his is a requ	est for allow	able for a new	lv drilled	i or deepened	
——————————————————————————————————————	-W	S	igna	(we)	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.					
Engineer				All sections of this form must be filled out completely for allow-						
		•	(Titl	•	able on new and recompleted wells.  Fitl out only Sections I, II, III, and VI for changes of owner,					
Nove	mber				Fil	li out only s	Sections I, II.	III, and VI for other such	or chang	es of owner, of condition.
		1	(Dat	e)	Many U.	me or namoer	, or memeport	#461		

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.