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	GAS		
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NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE AND

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

ŀ	115.5.5	AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS					
ŀ	U.S.G.S.			A3			
ļ		REL	CEIVED				
	TRANSPORTER OIL /						
	OPERATOR / SEP 29 1977						
_	PRORATION OFFICE	/ 02:	20 1377				
1.	Operator	/ _	7 C C				
	Texas American Oil Corporation D.C.C. ARTESIA, OFFICE						
	Address						
	1012 Midland Saving	s Bldg., Midland, TX	79701	:			
	Reason(s) for filing (Check proper box)	o brage, interactal and	Other (Please explain)	NOT RE			
	New Well	Change in Transporter of:	CASINGHEAD GA	S MUST NOT DE			
	Reason(s) for filing (Check proper box) New Well X Change in Transporter of: Recompletion Oil Dry Gas FLARED AFTER Change in Ownership Casinghead Gas Condensate UNLESS AN EXCEPTION TO Fule 3 C						
-	IS OBTAINED						
	If change of ownership give name						
	and address of previous owner						
11	. DESCRIPTION OF WELL AND LEASE						
	Lease Name Well No. Pool Name, including Formation Kind of Lease Lease						
	Etz "C" State	27 Grayburg Jac	kson State, Federa	or Fee State B-8095			
	Location						
	Unit Letter E ; 185	O Feet From The N Lin	e and 1315 Feet From 7	The W			
	Line of Section 16 Township 17S Range 30E , NMPM, Eddy County						
III.	DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil X or Condensate						
	Name of Authorized Transporter of Oil			į.			
	Texas New Mexico Pi	peline Company	P. O. Box 1510, Mic. Address (Give address to which appro-	ued copy of this form is to be sent)			
	Name of Authorized Transporter of Cas	inghead Gas or Dry Gas	Address (1910e duaress to which appro-	copy of this form to the court,			
	None		Is gas actually connected? Who	en			
	If well produces oil or liquids,	Unit Sec. Twp. Rge.					
	give location of tanks.	G 16 17 30	No				
	If this production is commingled with	h that from any other lease or pool,	give commingling order number:				
IV.	COMPLETION DATA	Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.			
	Designate Type of Completic						
		Date Compl. Ready to Prod.	Total Depth	P.B.T.D.			
	Date Spudded	· ·	2100'				
	5-14-77 Elevations (DF, RKB, RT, GR, etc.)	5-28-77 Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth			
	3687' RT	Queen Sand	2072'	2060'			
	Perforations	gucen bana		Depth Casing Shoe			
	1			2057'			
	2072 -2100 Open no	TUBING CASING AND	D CEMENTING RECORD				
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT			
	14 3/4"	10 3/4" O.D.	463'	200			
		7" O.D.	2057'	200			
	8 3/4"	2 3/8" O.D.	2060'				
	0 1/4						
1 /	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						
₩,	OIL WELL	able for this de	epth or be for full 24 hours)				
	Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas li	jt, etc.)			
	6-1-77	6-3-77	Pump	1 31-11-18/22			
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size			
	24 hrs.	None	None	Gas-MCF			
	Actual Prod. During Test	Oil-Bbls.	Water-Bbls.				
		4.5	80.4	TSTM			
				マンチン (グラン・デー			
	GAS WELL		Bbls. Condensate/MMCF	Gravity of Condensate			
	Actual Prod. Test-MCF/D	Length of Test	Bals. Condensate/MMCF	Gravity of Contambato			
		m. V December (c) v. (c)	Casing Pressure (Shut-in)	Choke Size			
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Ordered transma fourte-zen)	1.230 1			
			1 201 201 201				
VI. CERTIFICATE OF COMPLIANCE OIL CONSERVATION C				A HON COMMISSION			
			APPROVED				
	Commission bose been complied	regulations of the Oil Conservation with and that the information given	11/12/	APPROVED DELY S 1011			
	Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.		BY W. C. OS VERSEL				
			TITLE SUPERVISOR, DISTRICT II				
	,		This form is to be filed in compliance with RULE 1104.				
	Milleman						
	·		If this is a request for allo	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			
(D. D. III - Com (Signature)		" Merri fire fair ment as essemble					

(R. D. Henson) (Signature)

Assistant Production Superintendent

September 26, 1977

(Date)

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