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LAND OFFICE	
TRANSPORTER	OIL / GAS /
OPERATOR	/
PRORATION OFFICE	

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

Form C-104
Supersedes Old C-104 and C-11
Effective 1-1-65

NOV 15 1977

Operator Texas American Oil Corporation		O. C. C. ARTESIA, OFFICE
Address 1012 Midland Savings Bldg., Midland, Texas 79701		
Reason(s) for filing (Check proper box)		Other (Please explain)
New Well <input checked="" type="checkbox"/> *	Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	* "CORRECTED REPORT" FOR NEW WELL (To add casinghead gas transport)
Recompletion <input type="checkbox"/>		
Change in Ownership <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. 27	Pool Name, Including Formation Grayburg-Jackson	Kind of Lease State, Federal or Fee State	Lease No. B-8095
Location Unit Letter <u>E</u> ; <u>1850</u> Feet From The <u>N</u> Line and <u>1315</u> Feet From The <u>W</u> Line of Section <u>16</u> Township <u>17S</u> Range <u>30E</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"/> Texas-New Mexico Pipeline Company	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1510, Midland, Tx. 79701					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Continental Oil Company	Address (Give address to which approved copy of this form is to be sent) P. O. Box 431, Midland, Tx. 79701					
If well produces oil or liquids, give location of tanks.	Unit G	Sec. 16	Twp. 17	Rge. 30	Is gas actually connected? Yes	When 6-1-77

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 <input checked="" type="checkbox"/>	Gas Well	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Rest'v.	Diff. Rest'v.
Date Spudded 5-14-77	Date Compl. Ready to Prod. 5-28-77		Total Depth 2100'		P.B.T.D. -----			
Elevations (DF, RKB, RT, GR, etc.) 3687' RT	Name of Producing Formation Queen Sand		Top Oil/Gas Pcy 2072'		Tubing Depth 2060'			
Perforations 2072'-2100' Open Hole Completion					Depth Casing Shoe 2057'			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
14 3/4"	10 3/4" O.D.		463'		200			
8 3/4"	7" O.D.		2057'		200			
6 1/4"	2 3/8" O.D.		2060'					

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 6-1-77	Date of Test 6-3-77	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. 4.5	Water - Bbls. 80.4	Gas - MCF TSTM

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.

R. D. Henson (Signature)
Assistant Production Superintendent
(Title)

November 10, 1977

(Date)

OIL CONSERVATION COMMISSION

NOV 16 1977

APPROVED _____, 19____

BY W. A. Gressett

TITLE SUPERVISOR, DISTRICT II

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

NEW MEXICO
OIL CONSERVATION COMMISSION

~~Demon DD~~ Artesia, NM
DISTRICT OFFICE #2

Sept. thru Dec. 1977

NO. 2099 X

SUPPLEMENT TO THE OIL PRORATION SCHEDULE

DATE 11-3-77

PURPOSE ALLOWABLE CANCELLATION

Effective 11-1-77, the allowable of the following Texas American Oil Corp. well in the pool listed below is hereby cancelled for failure to comply with Rule 306.

Grayburg-Jackson

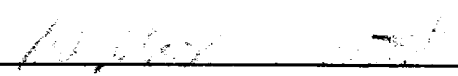
Etz C State #27-E, 16-17-30

WAG:sm

Texas American Oil Corp.

TMM

OIL CONSERVATION COMMISSION


DISTRICT SUPERVISOR

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