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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL GAS
OPERATOR	
PRORATION OFFICE	

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-114  
Effective 1-1-65

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SEP 8 1975

Operator Texas Oil & Gas Corp. ✓	
Address P. O. Drawer 591, Midland, Texas 79701	
Reason(s) for filing (Check proper box) Additional	
New Well <input type="checkbox"/>	XXXXXXXXX Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input checked="" type="checkbox"/>
Change in ownership <input type="checkbox"/>	Condensate <input type="checkbox"/>

If change of ownership give name and address of previous owner

C-5252 9-1-76  
East Buster Flat Strawn Gas

II. DESCRIPTION OF WELL AND LEASE

Lease Name Yates Federal Com.	Well No. 1	Pool Name, Including Formation Wildcat (Strawn)	Kind of Lease State, Federal or Free Federal
Location			
Unit Letter N	860	Feet From The South	Line and 1980
Line of Section 8		Township 20-S	Range 29-E
		County Eddy	County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
The Permian Corp.	Box 1183, Houston, Texas 77001	
Name of Authorized Transporter of Gas (Dry Gas) <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
Delhi Gas Pipeline Corporation	P. O. Box 591, Midland, Texas 79701	
El Paso Natural Gas Co.	P. O. Box 384, Jal, New Mexico 88252	
Transwestern Pipeline Co.	P. O. Box 2521, Houston, Texas 77001	
If well is to be used for other than production, give location of tanks.	Yes <input type="checkbox"/>	No <input type="checkbox"/>

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 type="checkbox"/>	Gas Well <input type="checkbox"/>	Flow Well <input type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Fluid Back <input type="checkbox"/>	Same Res'y. <input type="checkbox"/>	Diff. Res'y. <input type="checkbox"/>
Date Spudded	Date Comm. Ready to Prod.		Total Depth			P. N. T. B.		
Pool	Name of the Underlying Formation		Top Oil/Gas Pay			Tubing Depth		
Perforations						Depth Casing Shoe		
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET			SACKS CEMENT		

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	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-BBLs.	Water-BBLs.	Gas-MCF

GAS WELL

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

District Production Manager

September 4, 1975

OIL CONSERVATION COMMISSION

SEP 16 1975

APPROVED \_\_\_\_\_, 19

BY W.A. Gusscott  
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 Sections I, II, III, and VI only for changes of own well name or number, or transporter, or other such change of condition.

Separate Forms C-104 must be filed for each pool in multiple completed wells.