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FILE	<input checked="" type="checkbox"/>
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL <input checked="" type="checkbox"/> GAS <input checked="" type="checkbox"/>
OPERATOR	
PRODUCTION 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-110
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) New Well <input type="checkbox"/> Additional Recompletion <input type="checkbox"/> XXXXXX Transporter of: Change in Ownership <input type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <input checked="" 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 Williamson "A" Federal	Well No. 1	Field Name, Location, Direction Undesignated (Morrow)	Kind of Lease State, Federal or Free Federal
Location Unit Letter E 660 Feet From The West Line and 1980 Feet From The North Line of Section 16 Township 20-S Range 29-E NMDM 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"/> Permian Corp.	Address (Give address to which approved copy of this form is to be sent) Box 1183, Houston, Texas 77001		
Name of Authorized Transporter of Gas or Dry Gas <input checked="" type="checkbox"/> El Paso Natural Gas Co. Delhi Gas Pipeline Corporation Transwestern Pipeline Co.	Address (Give address to which approved copy of this form is to be sent) Box 384, Jal. New Mexico 88252 Box 591, Midland, Texas 79701 Box 2521, Houston, Texas 77001		
If well is to be used for other than give location of tank.	E 16 20S 29E	Yes	9-4-75 9-3-75

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	Flow Back	Same Rest'y.	Diff. Rest'y.
Date Completed	Date Comm. Ready to Prod.		Total Depth			L.B.D.P.		
Pool	Name of Producing 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.

G. L. Murphy
G. L. Murphy
District Production Manager
(Title)

September 4, 1975
(Date)

OIL CONSERVATION COMMISSION
SEP 16 1975

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 Sections I, II, III, and VI only 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.