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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	GIL
	GAS
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-1
Effective 1-1-65

FEB 12 1980

O. C. D.

ARTESIA, OFFICE

Operator Texas Oil & Gas Corp.	
Address 900 Wilco Building, Midland, Texas 79701	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input checked="" type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
Change in well name due to change in acreage, no longer needs to be communitized	

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Catclaw Draw State	Well No. 1	Pool Name, including Formation Catclaw Draw - Morrow	Kind of Lease State, Federal or Fee State	Lease No. V-171
Location Unit Letter M ; 660 Feet From The S Line and 660 Feet From The W Line of Section 18 Township 21S Range 26E , NMPM, 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)					
Permian Corp.	P.O. Box 1183, Houston, Texas 77001					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
El Paso Natural Gas Co.	P.O. Box 1384, Jal, New Mexico 88252					
If well produces oil or liquids, give location of tanks.	Unit M	Sec. 18	Twp. 21S	Rge. 26E	Is gas actually connected? Yes	When 11-21-79

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	Plug Back	Same Res'v.	Diff. Res'v.
		X	X					
Date Spudded 6-13-79	Date Compl. Ready to Prod. 7-31-79	Total Depth 10,776'		P.B.T.D. 10,736'				
Elevations (DF, RAB, RT, GR, etc.) 3311 GR	Name of Producing Formation Morrow	Top Oil/Gas Pay 10,404'		Tubing Depth 10,500'				
Perforations 10,040-10,700' (73 holes)		Depth Casing Shoe 10,776'						
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET		SACKS CEMENT				
14 3/4"	11 3/4"	500'		400 sxs				
11"	8 5/8"	2,552'		900 sxs				
7 7/8"	4 1/2"	10,776'		900 sxs				
	2 3/8"	10,500'		--				

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 *correction factor 0.70 See order R-4157-C*

Actual Prod. Test-MCF/24	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, 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.

Carl Bird
Carl Bird (Signature)
Production Engineer
(Title)

February 11, 1980
(Date)

OIL CONSERVATION COMMISSION

FEB 18 1980

APPROVED _____, 19

BY **W.A. Gussett**
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 Form C-104 must be filed for each pool in multiple completed wells.