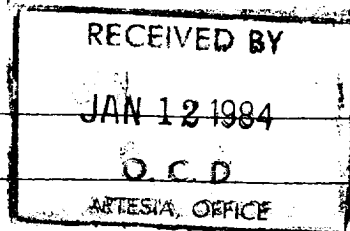


DISTRIBUTION	
SANTA FE	<input checked="" type="checkbox"/>
FILE	<input checked="" type="checkbox"/>
U.S.G.S.	<input type="checkbox"/>
LAND OFFICE	<input type="checkbox"/>
TRANSPORTER	OIL <input type="checkbox"/> GAS <input checked="" type="checkbox"/>
OPERATOR	<input checked="" type="checkbox"/>
PRODUCTION OFFICE	<input type="checkbox"/>

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



1. Operator Texas American Oil Corporation ✓
Address 300 W. Wall - Suite 400 Midland, Texas 79701
Reason(s) for filing (Check proper box)
New Well ☐ Change in Transporter of: Oil ☐ Dry Gas ☐
Recompletion ☐ Casinghead Gas ☐ Condensate ☐
Change in Ownership ☐
Other (Please explain) This well was temporarily abandoned 7-77. Remedial work has been completed. An allowable now needs to be established.

If change of ownership give name and address of previous owner

2. DESCRIPTION OF WELL AND LEASE

Lease Name Todd Federal "26"	Well No. 1	Pool Name, including Formation Sand Dunes (Atoka)	Kind of Lease State, Federal or Fee Federal	Lease No. 0405444-A
Location Unit Letter G; 1980 Feet From The North Line and 1980 Feet From The East Line of Section 26 Township 23-S Range 31-E, NMPM, Eddy County				

3. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/> None	Address (Give address to which approved copy of this form is to be sent)	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> Natural Gas Pipeline of America	Address (Give address to which approved copy of this form is to be sent) P.O. Box 236 Midland, Texas 79701	
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge.	Is gas actually connected? When Yes 4-70

If this production is commingled with that from any other lease or pool, give commingling order number:

4. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input type="checkbox"/>	Gas Well <input checked="" type="checkbox"/>	New Well <input type="checkbox"/>	Workover <input checked="" type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'v. <input checked="" type="checkbox"/>	Diff. Res'v. <input type="checkbox"/>
Date Spudded 7-29-69	Date Compl. Ready to Prod. 12-12-69		Total Depth 16,486'		P.B.T.D. 14,950'			
Elevations (DF, RKB, RT, GR, etc.) 3,437' GR	Name of Producing Formation Atoka		Top Oil/Gas Pay 13,679'		Tubing Depth 13,576'			
Perforations 13,679' - 13,907'					Depth Casing Shoe 15,800'			

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
26"	20"	619'	1160
17 1/2"	13 3/8"	4414'	3000
12 1/4"	10 3/4"	12,721'	1000
9 1/2"	7 5/8" & 3 1/2"	15,800' & 13,614'	1070

5. 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)

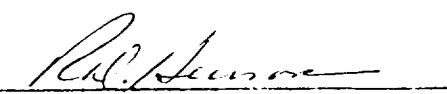
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

GAS WELL

Actual Prod. Test-MCF/D 1.84 MMCF	Length of Test 24 hr.	Bbls. Condensate/MMCF None	Gravity of Condensate --
Testing Method (pilot, back pr.) Back Pressure	Tubing Pressure (Shut-in) 72 hr. S.I. - 3500#	Casing Pressure (Shut-in) Packer	Choke Size 12/64"

6. 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.


(Signature)
Monahans District Manager
(Title)
January 10, 1984
(Date)

OIL CONSERVATION COMMISSION
FEB 09 1984
APPROVED _____, 19_____
BY _____
Original Signed By
Leslie A. Clements
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.