

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

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

NOV 12 1971

O. C. C.

ARTESIA, OFFICE

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TRANSPORTER	OIL	/
	GAS	
OPERATOR		0
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I. Operator
TEXAS OIL & GAS CORP.

Address
P. O. Box 222, Midland, Texas 79701

Reason(s) for filing (Check proper box)

New Well	<input checked="" type="checkbox"/>	Change in Transporter of:	
Recompletion	<input type="checkbox"/>	Oil	<input type="checkbox"/>
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>
		Dry Gas	<input type="checkbox"/>
		Condensate	<input type="checkbox"/>

Other (Please explain)
--

If change of ownership give name
and address of previous owner

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II. DESCRIPTION OF WELL AND LEASE

Lease Name PAN AM-STATE COM.	Well No. 1	Pool Name, Including Formation SOUTH CARLSBAD (MORROW)	Kind of Lease State, Federal or Fee STATE	Lease No. K2511, K357
Location Unit Letter J ; 1959 Feet From The S Line and 1980 Feet From The E Line of Section 11 Township 23-S Range 26-E , NMPM, Eddy County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	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"/>	Address (Give address to which approved copy of this form is to be sent)	
Transwestern Pipeline Company	P. O. Box 2521, Houston, Texas 77001	
If well produces oil or liquids, give location of tanks.	Unit	Sec.
		Twp.
		Rge.
	Is gas actually connected? When	
	No Yes 4-10-72	

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 4-16-70	Date Compl. Ready to Prod. 10-1-70	Total Depth 12,143'		P.B.T.D. 12,098'				
Elevations (DF, RKB, RT, GR, etc.) 3307 KDB	Name of Producing Formation Morrow	Top Oil/Gas Pay 11,615'		Tubing Depth 11,533'				
Perforations 11,615-11,781		Depth Casing Shoe 12,143						
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET		SACKS CEMENT				
20"	16"	353		500 sx Class "C" 2% CaCl				
13 3/4"	11 3/4"	1900		550 sx 50-50 Poz+200, sx				
10 5/8"	8 5/8"	8890		500 sx C1 "C" 50-50 Poz				
7 7/8"	5 1/2" Liner	8725-12,143		850 sx C1 "C" 50-50 Poz				

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

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

(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)

GAS WELL

Actual Prod. Test-MCF/D 1577	Length of Test 24 hr.	Bbls. Condensate/MMCF Dry	Gravity of Condensate --
Testing Method (pitot, back pr.) Back Pressure	Tubing Pressure (shut-in) 3429	Casing Pressure (shut-in) NA-Packer	Choke Size 16/64

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.


George Sutphen
District Engineer

(Title)

11-11-71

(Date)

OIL CONSERVATION COMMISSION

APPROVED **NOV 14 1971**, 19

BY **W. A. Gressett**

TITLE **Oil and Gas Lease**

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 completed wells.