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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

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JUL 13 1982

O. C. D.  
ARTESIA, OFFICE

I. Operator  
Texas American Oil Corporation ✓  
Address  
300 West Wall, Suite 1012, Midland, Texas 79701  
Reason(s) for filing (Check proper box)  
New Well ☐ Change in Transporter of Oil ☒ Dry Gas ☐  
Recompletion ☐ Oil ☒ Casinghead Gas ☐ Condensate ☐  
Change in Ownership ☐ Other (Please explain)  
If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE  
Lease Name: Todd "36" State  
Well No.: 1  
Pool Name, including Formation: Sand Dunes (Morrow)  
Kind of Lease: State, Federal or Fee State  
Lease No.: K-952  
Location  
Unit Letter: F; 1980 Feet From The North Line and 1980 Feet From The West  
Line of Section: 36 Township: 23-S Range: 31-E, NMPM, Eddy County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS  
Name of Authorized Transporter of Oil ☐ or Condensate ☒  
Tesoro Crude Oil Company  
Address (Give address to which approved copy of this form is to be sent)  
8700 Tesoro Drive, San Antonio, Tx 78286  
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☒  
El Paso Natural Gas Company  
Address (Give address to which approved copy of this form is to be sent)  
Post Office Box 1492 El Paso Tx 79998  
If well produces oil or liquids, give location of tanks.  
Unit: F Sec: 36 Twp: 23-S Rge: 31-E  
Is gas actually connected? Yes When: 6-29-73

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

V. COMPLETION DATA  
Designate Type of Completion - (X)  
Oil Well Gas Well New Well Workover Deepen Plug Back Same Res'v. Diff. Res'v.  
Date Spudded Date Compl. Ready to Prod. Total Depth P.B.T.D.  
Elevations (DF, RKB, RT, GR, etc.) 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

VI. 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/MMCF Gravity of Condensate  
Testing Method (pilot, back pr.) Tubing Pressure (Shut-in) Casing Pressure (Shut-in) Choke Size

VII. 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: Manager of Operations  
Title: Manager of Operations  
Date: July 8, 1982  
OIL CONSERVATION COMMISSION  
APPROVED: JUL 15 1982  
BY: Mike Wilkins  
TITLE: OIL AND GAS INSPECTOR  
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 deviated 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.