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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-110  
Effective 1-1-65

MAY 24 1972

O. C. C.

PERMITS OFFICE

Operator Texas American Oil Corporation	
Address 1012 Midland Savings Building, Midland, Texas 79701	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input checked="" type="checkbox"/>	CASINGHEAD GAS MUST NOT BE FLARED AFTER 7-18-72 UNLESS AN EXCEPTION TO R-4070 IS OBTAINED 4. 2-74
Recompletion <input type="checkbox"/>	
Change in Ownership <input type="checkbox"/>	
Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input 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 Todd 26 Federal	Well No. 4	Pool Name, including Formation Sand Dunes (Cherry Canyon)	Kind of Lease State, Federal or Fee Federal	Lease No. NM 0405 444A
Location Unit Letter B : 660 Feet From The North Line and 1980 Feet From The East Line of Section 26 Township 23S Range 31E, NMPM, Eddy County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
The Permian Corporation	P. O. Box 1183, Houston, Texas 77001					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
None						
If well produces oil or liquids, give location of tanks.	Unit B	Sec. 26	Twp. 23S	Rge. 31E	Is gas actually connected? No	When

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 <input checked="" type="checkbox"/>	Gas Well	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'tv.	Diff. Res'tv.
Date Spudded 4-13-72	Date Compl. Ready to Prod. 5-18-72		Total Depth 6150'		P.B.T.D. 6120'			
Elevations (DF, RKB, RT, CR, etc.) 3457.5 DF	Name of Producing Formation Cherry Canyon		Top Oil/Gas Pay 5996		Tubing Depth 6030			
Perforations 5996' - 6015' w/16 Holes					Depth Casing Shoe 6150			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12"	8-5/8"		618		380 sx circulated			
7-7/8"	5-1/2"		6150		2600 sx circulated			

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 5-18-72	Date of Test 5-23-72	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 hrs	Tubing Pressure 20#	Casing Pressure 20#	Choke Size -
Actual Prod. During Test	Oil-Bbls. 82	Water-Bbls. 8	Gas-MCF 63

GAS WELL

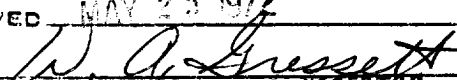
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

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.

  
(Signature)  
Engineer  
(Title)  
May 23, 1972  
(Date)

OIL CONSERVATION COMMISSION

APPROVED MAY 25 1972, 19  
BY   
OIL AND GAS INSPECTOR  
TITLE

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.