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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRORATION OFFICE	

MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND

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

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

RECEIVED

APR 18 1975

Operator Texas American Oil Corporation		O. C. C. ARTESIA, OFFICE
Address 300 West Wall, Suite 1012, Midland, Texas 79701		
Reason(s) for filing (Check proper box) New Well <input checked="" type="checkbox"/> Recompletion <input type="checkbox"/> Change in Ownership <input type="checkbox"/> Change in Transporter of: Oil <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Dry Gas <input type="checkbox"/> Condensate <input type="checkbox"/>		Other (Please explain) CASINGHEAD GAS MUST NOT BE FLARED AFTER 6-1-75 UNLESS AN EXCEPTION TO Rule 306 IS OBTAINED Exception #2-126 5-29-75

change of ownership give name and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name Todd 26 Federal	Well No. 7	Pool Name, including Formation Sand Dunes (Cherry Canyon)	Kind of Lease State, Federal or Fee Federal	NMP# 405- 444-A
Location Unit Letter O ; 990' Feet From The South Line and 1980' Feet From The East Line of Section 26 Township 23S Range 31E , NMPM, Eddy County				

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> The Permian Corporation	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1183, Houston, Texas 77001					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> NONE	Address (Give address to which approved copy of this form is to be sent)					
If well produces oil or liquids, give location of tanks.	Unit G	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:

COMPLETION DATA

Designate Type of Completion - (X)	Oil Well (X)	Gas Well	New Well (X)	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded 2-6-75	Date Compl. Ready to Prod. 3-13-75	Total Depth 6103'	P.B.T.D. 6065'					
Elevations (DF, RKB, RT, GR, etc.) 3458' DF	Name of Producing Formation Cherry Canyon	Top Oil/Gas Pay 6007'	Tubing Depth 5995'					
Perforations 6007' to 6019' w/12.35" holes and 6024' to 6036' w/24.35" holes	Depth Casing Shoe 6103'							

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12-1/4"	8-5/8"	600'	200xs Circ.
7-7/8"	5-1/2"	6100'	2660 xs

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 3-13-75	Date of Test 4-15-75	Producing Method (Flow, pump, gas lift, etc.) Pump 2" x 1-1/2" x 64" Insert	
Length of Test 24 hrs	Tubing Pressure 20#	Casing Pressure 20#	Choke Size -
Actual Prod. During Test 24 hrs	Oil-Bbls. 23	Water-Bbls. 39	Gas-MCF 27

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

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)
April 16, 1975
(Date)

OIL CONSERVATION COMMISSION
APR 21 1975

APPROVED _____, 19____
BY W. A. Gressett
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 Forms C-104 must be filed for each pool in multiply-