1.	NO. OF COPIES ACCEIVED DISTRIBUTION SANTA FE I ILE U.S.G.S. LAND OFFICE IHANSPORTER OFERATOR PROBATION OFFICE Operator Texas American Oil Address 300 W. Wall - Suit	REQUEST AUTHORIZATION TO TRA SEP 24 138: O. C. D. ARTESA, OFFICE	CONSERVATION COMMISSI FOR ALLOWABLE AND VISPORT OIL AND NAT		form C - 114 Superseder Old C-104 and C-1 Elfoctivn 1-4-65
	Reason(s) for filing (Check proper box) Other (Please explain)   New Well Change in Transporter of:   Recompletion X   Oil Dry Gas   Change in Ownership Casinghead Gas   Change of ownership give name   nd address of previous owner				
II.	DESCRIPTION OF WELL AND I	LEASE	,	·	
	Lease Name To <b>d</b> d Federal "23"	Well No. Pool Name, Including F 3 Undesignated -	ormation Kin	d of Leaso 10, Federal or Fee	Federal NM-040544
	Location		·		rederar mi-040/44
	Unit Letter J : 10	280 Feel From The South Lin	• and <u>1800</u> F	eet From The	East
	Line of Section 23 Tow	vnship 235 Range	31E , NMPM,	•	Eddy County
	DESIGNATION OF TRANSPORT Name of Authorized Transporter of Off	TER OF OIL AND NATURAL GA	S Address (Cive address to wh	ich approved copy	of this form is to be sent)
	Tesoro Crude Oil Co. Name of Authorized Transporter of Casinghead Gas or Dry Gas ()		8900 Tesoro Dr. San Antonio, TX. 78286 Address (Give address to which approved copy of this form is to be sent)		
	Natural Gas Pipeline		P.O. Box 283 Houston, Tx. 77001		
	If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Pge. J 23 23S 31E	is gas actually connected? Yes	When	3, 1983
		th that from any other lease or pocl,			<b>J</b> , <b>1</b> 905
	COMPLETION DATA	Oll Well Gas Well		eepen Plug E	Back   Same Hos'v, Diff. Res'v.
	Designate Type of Completio			i y	1 1 1
	Date Spuddød	Date Compl. Ready to Prod.	Total Dopth	P.8.T	
	9-3-82 Elovations (DF, RKB, RT, GR, etc.)	8-19-85 Name of Producing Formation	15,120 Top Oil/Gas Pay	Tubin	14,330 g Dopth
	3447.7' GR.	Atoka	14,165		13,896
	Perforations 14,165' - 14,172' TUBING, CASING, AND				Casing Shoo 15,119
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET		SACKS CEMENT
	26"	20"	6441		200 SX
	<u>17½''</u> 12¦''	<u>13 3/8"</u> 9 5/8"	<u>4423'</u> 12666'		3450 sx.
		]			
γ.	TEST DATA AND REQUEST FO	ier recovery of total volume of load oil and must be equal to or exceed top allow- with or be for full 24 hours)			
ĺ	Date First New Oll Run To Tanks	Date of Test	Freducing Method (Flow, pump, gas lift, etc.)		
	Length of Teel	Tubing Pressure	Casing Pressure		Size
	-			Gas - N	
	Actual Prod. During Toot	Oll-Bbla.	Water - Bbls.	Gaser	V. F
	GAS WELL				
	Actual Fred. Tool-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravit	y of Condensate
	33.791 Testing Mothod (pitot, back pr.)	4 hrs. Tubing Processo (shut-in)	O Casing Pressure (Shut-in)	Choke	0 Size
	Back Pressure	6264#	0		5 - 2/64"
1.	CERTIFICATE OF COMPLIANC	JE	OIL CON	SERVATION	COMMISSION
I hereby cortify 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.			APPROVED OCT 23 1985		
			Driginal Signed By		
		TITLE Les A: Clements			
	1 Caller	This form is to be flied in compliance with RULE 1104. If this is a request for allowable for a newly difficit or deepend this is a request for allowable for a boulation of the deviation			
(Slenature) Monahans District Manager (Title)			well, this form must be accompanied by a tabulation of the deviation instant taken on the well in accordance with RULE 111. All sections of this form must be filled out completely for allow- able on new and recompleted yields.		
	- (Dat	· • /	We the management of a second s		