

NEW MEXICO OIL CONSERVATION COMMISSION  
REQUEST FOR ALLOWABLE

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

AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

MAR 27 1970

D. S. B.  
ARTESIA OFFICE

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TRANSPORTER	OIL
	GAS
OPERATOR	5
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Operator \_\_\_\_\_

Address Texas American Oil Corporation

1012 Midland Savings Bldg Midland, Texas

Reason(s) for filing (Check proper box)

New Well  Change in Transporter of: Oil  Dry Gas

Recompletion  Casinghead Gas  Condensate

Change in Ownership  Change effective March 1, 1970

If change of ownership give name and address of previous owner Harlan Production Company Box 355, Monahans, Texas

**I. DESCRIPTION OF WELL AND LEASE**

Lease Name Etz A State Well No. 2 Pool Name, Including Formation Grayburg Jackson (O, G, SA) Kind of Lease State Lease No. B-2209

Location Unit Letter L 1960 Feet From The South Line and 660 Feet From The West

Line of Section 16 Township 17 Range 30, NMPM, Eddy County

**II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS**

Name of Authorized Transporter of Oil  or Condensate  Address (Give address to which approved copy of this form is to be sent)

Water Injection Well

Name of Authorized Transporter of Casinghead Gas  or Dry Gas  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 --- Sec. --- Twp. --- Rge. --- Is gas actually connected? --- 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  Gas Well  New Well  Workover  Deepen  Plug Back  Same Rest'y.  Diff. Rest'y.

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

**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 \_\_\_\_\_ 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 (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.

Ray K. Valla  
(Signature)  
Production Mgr.  
(Title)  
March 1, 1970  
(Date)

OIL CONSERVATION COMMISSION  
MAR 30 1970

APPROVED \_\_\_\_\_, 19\_\_\_\_

BY W. A. Gressett

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 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.