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NEW MEXICO OIL CONSERVATION COMMISSION
RECEIVED AND
 REQUEST FOR ALLOWABLE
 AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS
 DEC 26 1972

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

O. C. C.
 ARTESIA, OFFICE

I. OPERATOR

Operator: Texas American Oil Corporation ✓

Address: 1012 Midland Savings Building, Midland, Texas 79701

Reason(s) for filing (Check proper box):
 New Well Change in Transporter of:
 Recompletion Oil Dry Gas
 Change in Ownership Casinghead Gas Condensate

If change of ownership give name and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>Etz State</u>	Well No. <u>24</u>	Pool Name, Including Formation <u>Grayburg Jackson</u>	Kind of Lease State, Federal or Fee <u>State</u>	Lease No. <u>B-936</u>
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Location:
 Unit Letter K; 2310 Feet From The South Line and 2310 Feet From The West
 Line of Section 16 Township 17-S Range 30-E, 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"/> <u>Texas-New Mexico Pipeline Company</u>	Address (Give address to which approved copy of this form is to be sent) <u>P. O. Box 1510, Midland, Texas 79701</u>
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> <u>Continental Oil Company NG & GP Dept</u>	Address (Give address to which approved copy of this form is to be sent) <u>P. O. Box 2197, Houston, Texas 77001</u>
If well produces oil or liquids, give location of tanks. Unit <u>N</u> Sec. <u>16</u> Twp. <u>17</u> Rge. <u>30</u>	Is gas actually connected? <u>Yes</u> When <u>12-21-72</u>

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) <u>(X)</u>	Oil Well <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'v. <input type="checkbox"/>	Diff. Res'v. <input type="checkbox"/>
Date Spudded <u>11-24-72</u>	Date Compl. Ready to Prod. <u>12-21-72</u>	Total Depth <u>4050'</u>	P.B.T.D. <u>4020'</u>					
Elevations (DF, RKB, RT, GR, etc.) <u>3672 GR</u>	Name of Producing Formation <u>Grayburg-San Andres</u>	Top Oil/Gas Pay <u>2533</u>	Tubing Depth <u>3955</u>					
Perforations <u>2533 - 3960 w/152 holes</u>		Depth Casing Shoe <u>4050'</u>						

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
<u>11"</u>	<u>8-5/8"</u>	<u>531'</u>	<u>100 sx.</u>
<u>7-7/8"</u>	<u>5-1/2"</u>	<u>4048'</u>	<u>600 sx.</u>
	<u>2 3/8"</u>	<u>3955</u>	

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 <u>12-21-72</u>	Date of Test <u>12-22-72</u>	Producing Method (Flow, pump, gas lift, etc.) <u>Pump</u>	
Length of Test <u>24 hrs</u>	Tubing Pressure <u>None</u>	Casing Pressure <u>None</u>	Choke Size <u>(X)</u>
Actual Prod. During Test	Oil-Bbls. <u>142</u>	Water-Bbls. <u>210</u>	Gas-MCF <u>87</u>

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.

H. L. [Signature]
 (Signature)
Vice President
 (Title)
December 22, 1972
 (Date)

OIL CONSERVATION COMMISSION
 DEC 26 1972

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.