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	DISTRIBUTION	·-					
	SANTA FE	NEW MEXICO OIL		CSION	F	orm C+104	
	FILE	REQUES	ST FOR ALLOWABLE		S	upersedes Ol	d C-104 and C
	U.S.G.S.		AND		E.	Hactive 1-1-	55
	LAND OFFICE	AUTHORIZATION TO T	RANSPORT OIL AND	NATURAL	GAS		
				MATORAL	GAS		
	TRANSPORTER GAS						
1.	PRORATION OFFICE						
	Texas American Oil	Corporation					
	Address	Building, Midland, Te.	vac 70701				
	Reason(s) for filing (Check proper bo	ext					
	New Well		Other (Pleas	e explainj			
	Recompletion	Change in Transporter of:					
		C11 Dry	Gas			•	
	Change In Ownership X	Casinghead Gas Cond	lensate				
	If change of ownership give name and address of previous owner	Stephenson Equipment	Company, Box	6247 M	idland	Torre -	70701
ı.	DESCRIPTION OF WELL AND			101	Idiand,	1exas i	9701
	Northeast Caprock Queen Unit	Yell No. Pool Name, Including	Formation	Kind of Leas	e		
	Queen Unit	9 Caprocl	Oueen	State, Federa		C	Lease No.
	Location		Queen			State	6927
	Unit Letter O ; 66	60 Feet From The South L	ine and <u>1980</u>	_ Feet From	The Eas	st	
İ	Line of Section 16 To	wnship 12 S Range	_32 E , NMPM,				
			JL III , NMPM,	Le	a		County
l. 	DESIGNATION OF TRANSPOR	TER OF OIL AND NATURAL G	AS			· 	
	Name of Authorized Transporter of CI	or Condensate	AS Address (Give address t	o which appro	ved copy of t	his form is to	be senti
	Name of Authorized Transporter of CI	or Condensate	AS Address (Give address to Post Office Bo	o which appro	ved copy of to Midlanc	l. Texa	be sent)
	DESIGNATION OF TRANSPOR Name of Authorized Transporter of Ci. Texas-New Mexico Pi Name of Authorized Transporter of Ca.	or Condensate	AS Address (Give address to Post Office Bo	o which appro	ved copy of to Midlanc	l. Texa	be sent)
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	Texas-New Mexico Pi Name of Authorized Transporter of Ca Name of Authorized Transporter of Ca None	peline Company singhead Gas or Dry Gas	As Address (Give address to Post Office Book Address (Give address to Addres	o which appro × 1510, o which appro	ved copy of the Midland	l. Texa	be sent)
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Actual Prod. Test-MCF/D

Testing Method (pitot, back pr.)

VI. CERTIFICATE OF COMPLIANCE

Length of Test

I hereby certify that the rules and regulations of the Oil Conservation Commission have been compiled with and that the information given above is true and complete to the best of my knowledge and belief.

(Title)

(Date)

1972

Tubing Freesure (Shut-in]

OIL CONSERVATION COMMISSION

Gravity of Condensate

Choke Size

	APPROVED MAY 9 1972 19					
	Orig. Signed by					
	Joe D. Ramey					
į	TITLE Diet. I, Supe.					

Bbls. Condensate/MMCF

Cusing Pressure (Shut-in)

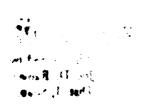
This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a nawly drilled or deceaned well, this form must be accompanied by a tabulation of the deviation tasts taken on the well in accordance with some this.

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 multi-'y



RECEIVED

MUMI 0 4872 OIL CONSERVATION CO AM. HOBBS, N. JA.