

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-104 and C-105
Effective 1-1-65

DISTRIBUTION	
SALE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL GAS
OPERATOR	
REGISTRATION OFFICE	

Texas American Oil Corporation

1012 Midland Savings Building, Midland, Texas 79701

Reason for filing (check paper box)

New Well ☐ Change in Transporter of:
Recompletion ☐ Oil ☐ Dry Gas ☐
Change in Ownership ☒ Casinghead Gas ☐ Condensate ☐

Other (Please explain)

If change of ownership give name and address of previous owner: Stephenson Equipment Company, Box 6247, Midland, Texas 79701

II. DESCRIPTION OF WELL AND LEASE

Well Name	Well No.	Prop. Name, including Formation	Kind of Lease	Lease No.
Northeast Caprock Queen Unit	16	Caprock Queen	State, Federal or Fee State	E-7010
Location				
Unit Letter	A	660 Feet From The East Line and	660 Feet From The North	
Line of Section	20	Township	12 S	Range
			32 E	Lea

III. 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)	
Texas-New Mexico Pipe Line Company	Post Office Box 1510, Midland, Texas 79701	
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☐	Address (Give address to which approved copy of this form is to be sent)	
None		
If well produces oil or liquids, give location of tanks.	Unit	Sec.
	P	16
	Twp.	12 S
	Rge.	32 E
Is gas actually connected?	When	
No		

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 Well, Other Record
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 liquid oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)

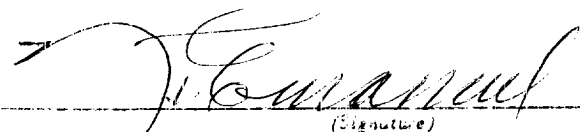
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MWCF	Gravity of Condensate
Testing Method (pilot, 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.


(Signature)

Engineer

(Title)

May 1, 1972

(Date)

OIL CONSERVATION COMMISSION

APPROVED MAY 9 1972

BY Orig. Signed by
Joe D. Ramey
TITLE Dist. I. Supv.

This form is to be filed in compliance with RULE 100.

If this is a request for allowable for a newly drilled or recompleting well, this form must be accompanied by a tabulation of the complete tests taken on the well in accordance with RULE 101.

All sections of this form must be filled out completely for all wells 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 conditions.

Separate Forms C-104 must be filed for each pool in newly completed wells.