

DISTRIBUTION			
SAN. A. FE.			
FILE			
U.S.G.S.			
LAND OFFICE			
TRANSPORTER	OIL GAS		
OPERATOR			
PRODUCTION OFFICE			

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-111
Effective 1-1-65

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: Stephenson Equipment Company, Box 6247, Midland, Texas 79701

II. DESCRIPTION OF WELL AND LEASE

Lease Name Northeast Caprock Queen Unit	Well No. 34	Pool Name, Including Formation Caprock Queen	Kind of Lease State, Federal or Fee	Lease Fee Fee
Location				
Unit Letter <u>L</u>	<u>330</u> Feet From The <u>West</u> Line and <u>2310</u> <u>1980</u> Feet From The <u>South</u>			
Line of Section <u>21</u>	Township <u>12S</u>	Range <u>32E</u>	NMPM, <u>Lea</u>	County

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

J. Emanuel
(Signature)
Engineer
(Title)
May 1, 1972
(Date)

OIL CONSERVATION COMMISSION

APPROVED MAY 9 1972, 19
BY Joe D. Raney
Orig. Signed by
Dist. I. Supv.

This form is to be filed in compliance with RULE 1004.
If this is a request for allowable for a new, drilled or deepened well, this form must be accompanied by a tabulation of the shut-in tests taken on this well in accordance with RULE 101.
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 or condition.
Separate Forms C-104 must be filed for each pool in multiply completed wells.