

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

Form C-104
Revised 10-1-70REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

APPROVAL TO FLARE CASINGHEAD GAS FROM THIS WELL MUST BE OBTAINED FROM THE MINERALS MANAGEMENT SERVICE <i>EFM</i>	
Operator MR OIL COMPANY	
Address P.O. Box 685, MONAHANS, TEXAS 79756	
Reason(s) for filing (Check proper box)	
New Well <input checked="" type="checkbox"/>	Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
Recompletion <input type="checkbox"/>	
Change in Ownership <input type="checkbox"/>	
Other (Please explain) VERBAL AUTHORITY TO GATHER & TRANSPORT 500 Bbls OF OIL FROM NEW WELL TO REFINERY.	

If change of ownership give name and address of previous owner: **TEXAS AMERICAN OIL CORPORATION, 300 WEST WALK SUITE 400, MIDLAND, TX 79701**

* DESIGNATION OF OIL WELLS HAS BEEN PLACED IN THE POOL

DESIGNATED BELOW. IF YOU DO NOT CONCUR

II. DESCRIPTION OF WELL AND LEASE

Lease Name TAO FEDERAL	Well No. 1	Pool Name QUEEN	Kind of Lease FEDERAL	Lease No. NM-20468
Location Unit Letter B ; 330 Feet From The NORTH Line and 1980 Feet From The EAST Line of Section 3 Township 13S Range 31E , NMPM, CHAVES 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"/> NAVAJO REFINING COMPANY	Address (Give address to which approved copy of this form is to be sent) 501 EAST MAIN, ARTESIA, NEW MEXICO 88210	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	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 3	Sec. 13S
	Twp. 31E	Rge. 31E
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 <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 Rest. <input type="checkbox"/>	Diff. Rest. <input type="checkbox"/>
Date Spudded 05-22-84	Date Compl. Ready to Prod. 06-08-84		Total Depth 3114		P.B.T.D. 3109			
Elevations (DF, RKB, RT, GR, etc.) 4431.6' GL; 4436.6 DF	Name of Producing Formation QUEEN		Top Oil/Gas Pay 2929.87		Tubing Depth 2932			
Perforations 2983-85; 2990-96; 3001-3003					Depth Casing Shoe 3114			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE 11	CASING & TUBING SIZE 8 5/8		DEPTH SET 566		SACKS CEMENT 125-P.S. LITE 2% CaCl₂			
					100- H 2% CaCl₂			
7 7/8	5 1/2		3114		275- Lr. Wt.; 250- H			
5 1/2	2 3/8		2932		N/A			

V. TEST DATA AND REQUEST FOR ALLOWABLE (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 06-09-84	Date of Test 06-09-84	Producing Method (Flow, pump, gas lift, etc.) PUMP	
Length of Test 24 HOURS	Tubing Pressure 40	Casing Pressure 40	Choke Size NONE
Actual Prod. During Test	Oil - Bbls. 149	Water - Bbls. 2	Gas - MCF 38

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	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 Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Wm. Peak

(Signature)

Controller

(Title)

06-11-84

(Date)

OIL CONSERVATION DIVISION

JUN 12 1984

APPROVED _____, 19____

BY **Eddie W. Seay**TITLE **Oil & Gas Inspector**This form is to be filed in compliance with RULE 1102.
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 multiple.

ARTESIA FISHING TOOL COMPANY

P. O. BOX 687 PHONE (505) 46-6651

470

ARTESIA, NEW MEXICO 88210

May 31, 1984

M R Oil Company
PO Box 685
Monahans, TX 79756

Re: TAO Federal #1
1980' FEL & 330' FNL
Sec. 3, T13S, R31E
Chaves County, New Mexico

Gentlemen:

The following is a Deviation Survey for the above captioned well.

DEPTH	DEVIATION
566'	1/4 ^o
1000'	1/2 ^o
1529'	1/4 ^o
2013'	1/2 ^o
2498'	3/4 ^o
3114'	3/4 ^o

Very truly yours,

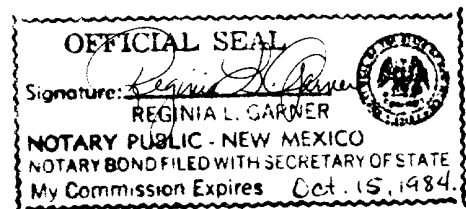


B. N. Muncy Jr.
Secretary

STATE OF NEW MEXICO
COUNTY OF EDDY

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The foregoing was acknowledged before me this 31st day of May, 1984.



MEXICO OIL CONSERVATION COMMISSION
WELL LOCATION AND ACREAGE DEDICATION PLAT

Form O-102
Supersedes O-128
Effective 1-1-83

All distances must be from the outer boundaries of the Section.

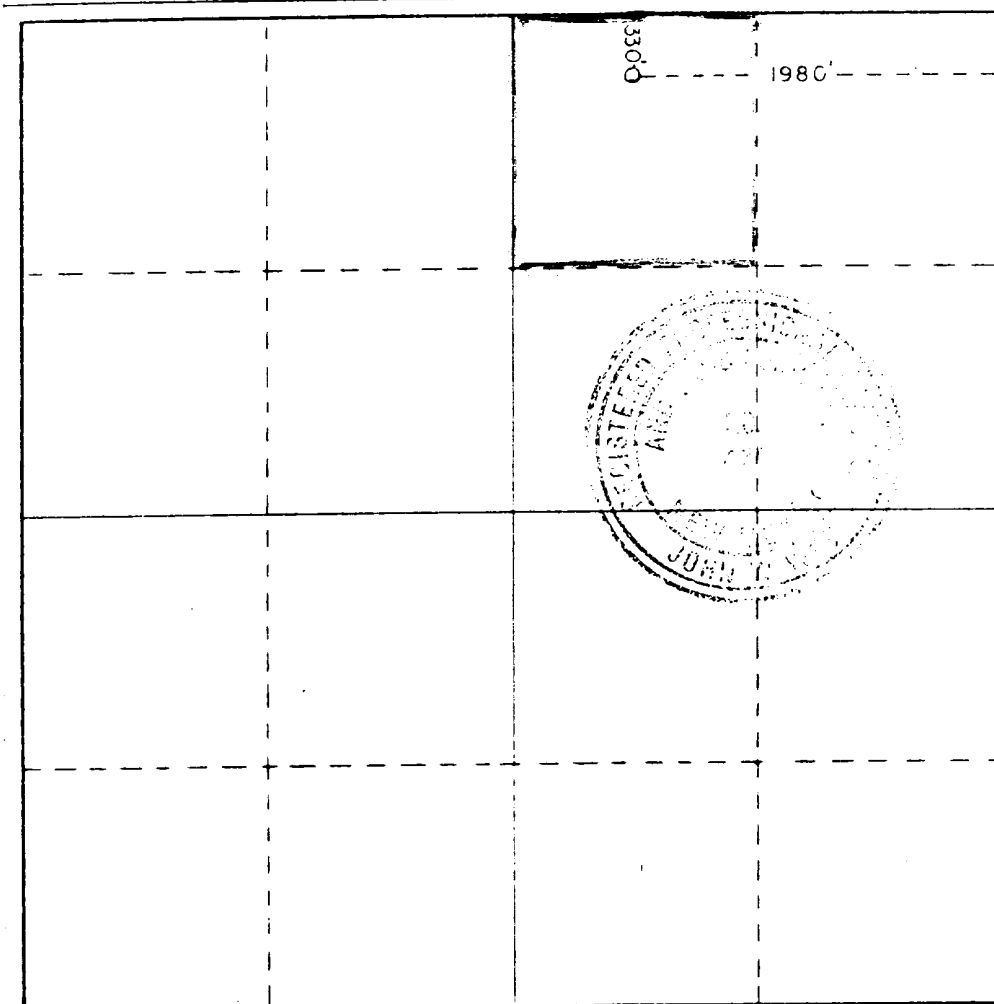
Operator M R OIL COMPANY			Range TAO FEDERAL		Acres 1
Section Letter B	Section 3	Township 13 SOUTH	Range 31 EAST	County CHAVES	
Actual True Location of Well: 330 feet from the NORTH line and 1980 feet from the EAST line.					
Ground Level Elev. 4431.6	Producing Formation Queen		Pool Undesignated Queen		Feet to Next Section 40

- Outline the acreage dedicated to the subject well by colored pencil or hatchure marks on the plat below.
- If more than one lease is dedicated to the well, outline each and identify the ownership thereof (both as to working interest and royalty).
- If more than one lease of different ownership is dedicated to the well, have the interests of all owners been consolidated by communitization, unitization, force-pooling, etc?

☐ Yes ☐ No If answer is "yes," type of consolidation _____

If answer is "no," list the owners and tract descriptions which have actually been consolidated. (Use reverse side of this form if necessary.) _____

No allowable will be assigned to the well until all interests have been consolidated (by communitization, unitization, forced-pooling, or otherwise) or until a non-standard unit, eliminating such interests, has been approved by the Commission.



CERTIFICATION

I hereby certify that the information contained herein is true and complete to the best of my knowledge and belief.

James A. Knauf
James A. Knauf

Agent

M R OIL COMPANY

March 26, 1984

I hereby certify that the well location shown on this plat was plotted from field notes of actual surveys made by me or under my supervision, and that the same is true and correct to the best of my knowledge and belief.

Date Surveyed:

FEBRUARY 17, 1984

Registered Professional Engineer
and Surveyor

John W. West
Certificate No. **JOHN W. WEST, 676**
RONALD J. EIDSON, 3239

