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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-110
Effective 1-1-65

Operator Texas American Oil Corporation	
Address 300 W. Wall, Suite 400, Midland, Texas 79701	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input checked="" type="checkbox"/>	CASINGHEAD GAS MUST NOT BE
Recompletion <input type="checkbox"/>	FLARED AFTER 9/1/81
Change in Ownership <input type="checkbox"/>	UNLESS AN EXCEPTION TO R-4070
	IS OBTAINED.

If change of ownership give name and address of previous owner _____
THIS WELL HAS BEEN PLACED IN THE POOL
DESIGNATED BELOW. IF YOU DO NOT CONCUR
NOTIFY THIS OFFICE.

II. DESCRIPTION OF WELL AND LEASE

Lease Name Foster	Well No. 1	Pool Name, Including Formation San Andres R-6758	Kind of Lease State, Federal or Fee Fee	Lease No.
Location Unit Letter A ; 660 Feet From The North Line and 330 Feet From The East Line of Section 6 Township 19S Range 39E , NMPM, Lea 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"/> Basin, Inc.	Address (Give address to which approved copy of this form is to be sent) P. O. Box 2297, Midland, TX 79701					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Phillips Petroleum Company	Address (Give address to which approved copy of this form is to be sent) Bartlesville, Oklahoma 74003					
If well produces oil or liquids, give location of tanks.	Unit A	Sec. 6	Twp. 19S	Rge. 39E	Is gas actually connected? No	When Should be connected within 2 to 4 weeks

If this production is commingled with that from any other lease or pool, give commingling order number: _____

V. 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 Res'v. <input type="checkbox"/>	Diff. Res'v. <input type="checkbox"/>
Date Spudded 2-9-81	Date Compl. Ready to Prod. 6-5-81		Total Depth 4561'		P.B.T.D. 4521'			
Elevations (DF, RKB, RT, GR, etc.) 3598' GR	Name of Producing Formation San Andres		Top Oil/Gas Pay 4465'		Tubing Depth 4496'			
Perforations 4465'-4480'					Depth Casing Shoe 4561'			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12 1/2"	8 5/8"		405'		350 sx			
7 7/8"	4 1/2"		4561'		400 sx			

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)

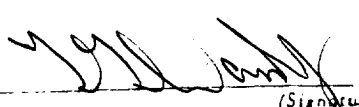
Date First New Oil Run To Tanks 5-26-81	Date of Test 6-12-81	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 hrs.	Tubing Pressure -----	Casing Pressure 25#	Choke Size -----
Actual Prod. During Test	Oil-Bbls. 17.34	Water-Bbls. 33	Gas-MCF 28

GAS WELL

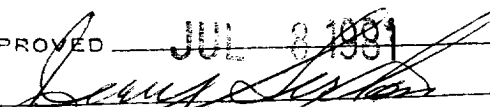
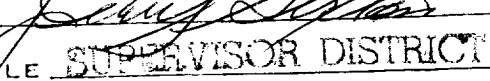
Action Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

VI. CERTIFICATE OF COMPLIANCE

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


(T. G. Ward, Jr.)
(Signature)
Vice President, Drilling & Production
(Title)
June 18, 1981
(Date)

OIL CONSERVATION COMMISSION

APPROVED  JUL 8 1981
BY 
TITLE SUPERVISOR DISTRICT 1

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 all existing 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 existing wells, well name or number, or transporter, or other such change of conditions.

