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

Form C-104
 Supersedes Old C-101 and C-11
 Effective 1-1-65

RECEIVED

OCT 28 1976

Operator General American Oil Company of Texas **O. C. C.**
ARTESIA, OFFICE

Address P. O. Box 416 Loco Hills, New Mexico 88255

Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input type="checkbox"/>	Change of well name from G.-J. Premier Sand Unit, TR. "AD" #8 due to recompletio above Premier Sand. <i>Change from ...</i>
Recompletion <input checked="" type="checkbox"/>	
Change in Ownership <input type="checkbox"/>	
Change in Transporter of Oil <input type="checkbox"/>	
Oil <input type="checkbox"/>	
Dry Gas <input type="checkbox"/>	
Casinghead Gas <input type="checkbox"/>	
Condensate <input type="checkbox"/>	

If change of ownership give name and address of previous owner _____

DESCRIPTION OF WELL AND LEASE			
Lease Name <u>Arnold "D"</u>	Well No. <u>8</u>	Pool Name, Including Formation <u>Grayburg-Jackson</u>	Seven Rivers
Kind of Lease State, Federal or Fee		Fed. NM-0467934	
Location			
Unit Letter <u>B</u>	<u>330</u> Feet From The <u>North</u> Line and <u>2140'</u> Feet From The <u>East</u>		
Line of Section <u>34</u>	Township <u>17-S</u>	Range <u>30-E</u>	Eddy County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS			
Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)		
<u>Navajo Crude Oil Purchasing Co.</u>	<u>P. O. Box 175 Artesia, N. M. 88210</u>		
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 <u>B</u>	Sec. <u>34</u>	Twp. <u>17-S</u> Rge. <u>30-E</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: _____

COMPLETION DATA			
Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input type="checkbox"/> Workover <input type="checkbox"/> Deepen <input type="checkbox"/> Plug Back <input checked="" type="checkbox"/> Some fresh. <input type="checkbox"/> Full Rest. <input type="checkbox"/>
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
	<u>October 9, 1976</u>	<u>3241'</u>	<u>3151'</u>
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
<u>3558' DF</u>	<u>Seven Rivers + Green</u>	<u>2038'</u>	<u>2475'</u>
Perforations	Depth Casing Shoe		
<u>2038'-2043' (10 holes); 2051'-2057' (12 holes); 2500'-2510' (20 holes)</u>	<u>3241'</u>		
TUBING, CASING, AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
	<u>8-5/8" 24#</u>	<u>546'</u>	<u>100</u>
	<u>5-1/2" 14#</u>	<u>3241'</u>	<u>150</u>
	<u>2-3/8" OD EUE 4.7#</u>	<u>2475'</u>	

TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (Test must be after recovery of total volume of lead 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 <u>October 12, 1976</u>	Date of Test <u>October 12, 1976</u>	Producing Method (Flow, pump, gas lift, etc.) <u>Pump</u>	
Length of Test <u>24 hours</u>	Tubing Pressure -----	Casing Pressure -----	Choke Size -----
Actual Prod. During Test <u>64 bbls.</u>	Oil-Bbls. <u>28</u>	Water-Bbls. <u>36 LW</u>	Gas-MCF <u>TSTM</u>

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

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.

Lendell Hawkins
 Lendell Hawkins (Signature)
 Engineer (Title)
 October 27, 1976 (Date)

OIL CONSERVATION COMMISSION
 OCT 28 1976

APPROVED _____ 19
 BY W. A. Gressett
 SUPERVISOR, DISTRICT II

TITLE _____

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 recommended by a tabulation of the shut-in 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 lease, well name or number, or transporter or other such change of condition.