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TRANSPORTER	OIL 1 GAS
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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-104 and C-110
Effective 1-1-65

I. Operator General American Oil Company of Texas

Address P. O. Box 1416, Loco Hills, New Mexico 88255

Reason(s) for filing (Check proper box)

New Well	<input checked="" type="checkbox"/>	Change in Transporter of:	
Recompletion	<input type="checkbox"/>	Oil	<input type="checkbox"/>
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>
		Dry Gas	<input type="checkbox"/>
		Condensate	<input type="checkbox"/>

Other (Please explain)

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>G. J. Premier Ld. 44 Tr. MB</u>	Well No. <u>12</u>	Pool Name, including Formation <u>Grayburg-Jackson</u>	Kind of Lease State, Federal or Fee <u>Federal</u>	Lease No. <u>NM-0467934</u>
Location Unit Letter <u>L</u> ; <u>1815</u> Feet From The <u>South</u> Line and <u>1295</u> Feet From The <u>West</u>				
Line of Section <u>27</u> Township <u>17-S</u> Range <u>30-E</u> , NMPM, <u>Bddy</u> 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"/>	Address (Give address to which approved copy of this form is to be sent)
<u>Navajo Refining Company, Pipe Line Division</u>	<u>North Freeman Avenue, 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)
<u>None - Gas is flared</u>	
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When
<u>K</u>	<u>27 17-S 30-E No</u>

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 Res'v. <input type="checkbox"/> Diff. Res'v. <input type="checkbox"/>		
Date Spudded <u>10/6/69</u>	Date Compl. Ready to Prod. <u>10/30/69</u>	Total Depth <u>3278' GL</u>	P.B.T.D. <u>3207' GL</u>
Elevations (DF, RKB, RT, GR, etc.) <u>3624' Casinghead</u>	Name of Producing Formation <u>Premier Sand</u>	Top Oil/Gas Pay <u>3161'</u>	Tubing Depth <u>3130'</u>
Perforations <u>3161' - 71' 3193' - 96'</u>			Depth Casing Shoe <u>3210' GL</u>

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
<u>11"</u>	<u>8-5/8" 21#</u>	<u>197' GL</u>	<u>100 Sacks</u>
<u>7-7/8"</u>	<u>5-1/2" 15.5 & 17#</u>	<u>3210' GL</u>	<u>200 Sacks</u>
	<u>2"</u>	<u>3130</u>	

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 <u>10/31/69</u>	Date of Test <u>11/1/69</u>	Producing Method (Flow, pump, gas lift, etc.) <u>Flowing</u>	
Length of Test <u>24 Hrs.</u>	Tubing Pressure <u>100#</u>	Casing Pressure	Choke Size
Actual Prod. During Test <u>338</u> <u>230 Bbl.</u>	Oil - Bbls. <u>230 Bbl.</u>	Water - Bbls. <u>108 (Load)</u>	Gas - MCF

GAS WELL

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

Ray Crow (Signature)
asst. Dist. Supt. (Title)
12/15/69 (Date)

OIL CONSERVATION COMMISSION

APPROVED DEC 10 1969

BY W. A. Gressett

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 accompanied by a tabulation of the deviate 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 multiphase completed wells.

