

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

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LAND OFFICE	
TRANSPORTER	OIL 1 GAS 1
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MAR 23 1973

I. OPERATOR
 Operator: General American Oil Company of Texas
 Address: P. O. Box 416 Loco Hills, New Mexico 88255 O. C. C.
 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 _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name Keely "B"	Well No. 23	Pool Name, Including Formation Grayburg-Jackson	Kind of Lease State, Federal or Fee LC-028784-93 (b)	Lease No.
Location Joint Letter T , 2310 Feet From The North Line and 2310 Feet From The East Line of Section 26 Township 17S Range 29E , NMPM, Eddy 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 Co. Pipe Line Division	Address (Give address to which approved copy of this form is to be sent) North Freeman Avenue, Artesia, N. M. 88210			
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) Phillips Bldg. Odessa, Texas 79760			
If well produces oil or liquids, give location of tanks.	Unit B	Sec. 26	Twp. 17S	Rge. 29E
Is gas actually connected? Yes		When March 6, 1973		

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	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back <input checked="" type="checkbox"/>	Same Res'tv.	Diff. Res'tv.
Date Spudded 3-5-70	Date Compl. Ready to Prod. March 6, 1973		Total Depth 6721'		P.B.T.D. 3400'			
Elevations (DF, RKB, RT, GR, etc.) 3576 DF	Name of Producing Formation Grayburg & San Andres		Top Oil/Gas Pay 2374'		Tubing Depth 3297'			
Perforations 2374'-2377' 2382'-2387'		2494'-2500' 2528'-2531'		3162'-3165' 3264'-3270'		Depth Casing Shoe 4417'		
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
	8 5/8" 24#		1281'		400			
	5 1/2" 15.5#		4417'		500			
	2 3/8"		3297'					

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 March 20, 1973	Date of Test March 20, 1973	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 24 hours	Tubing Pressure ---	Casing Pressure ---	Choke Size ---
Actual Prod. During Test 160 Bbls.	Oil - Bbls. 60	Water - Bbls. 100	Gas - MCF 90

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.

W. E. Hatter
 (Signature)

District Superintendent
 (Title)

March 21, 1973
 (Date)

OIL CONSERVATION COMMISSION

APPROVED **MAR 27 1973** 19 _____
 BY *W. A. Gueseth*
 TITLE **OIL AND GAS INSPECTOR**

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 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 multiply completed wells.