	NO. OF COPIES RECEIVED DISTRIBUTION SANTA FE FILE	REQUEST F	ONSERVATION COMMISSION FOR ALLOWABLE RECE	Form C-104 Supersedes Old C-104 and C-110 Effective 1-1-65	
	U.S.G.S.	AUTHORIZATION TO TRAI	USDODT OU AND MATURAL C	SVED	
	TRANSPORTER OIL /		APP 8	97,	
1.	OPERATOR 2 ARTESIA, OFFICE				
••					
	General American Oil Company of Texas V				
	P. O. Box 416, Loco Hills, New Mexico 88255 Reason(s) for filing (Check proper box) Other (Please explain)				
	New Well	Transporter of:			
	Recompletion Change to Compare his	Oil Dry Gas Casinghead Gas X Condens		11	
	Change in Ownership	Cushighed Gds [A]	Hook up gas on n	ew well.	
	f change of ownership give name and address of previous owner				
11.	ESCRIPTION OF WELL AND LEASE Lease No. Lease No.				
	Lease Name	State, Federal or Fee Red. IC-028784-2			
	Keely A 19 Grayburg-Jackson (San Andres) Fed. 10-10-20704-2				
	Unit Letter D : 660 Feet From The N Line and 660 Feet From The W				
	Line of Section 24 Township 17-S Range 29-E , NMPM, Eddy County				
FTT	ESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS				
111.	Name of Authorized Transporter of Oil 👿 or Condensate 🗌		Address (Give address to which approve		
	Navajo Refining Co., Pipe Line Division Name of Authorized Transporter of Casinghead Gas x or Dry Gas		North Freeman Ave. Artesia, New Mexico 88210 Address (Give address to which approved copy of this form is to be sent)		
	Phillips Petroleum Company Ph		Phillips Building, Odessa, Texas		
	If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. K 24 17-S 29-E	15 qui ustuarry semi-	4-2-71	
	If this production is commingled with that from any other lease or pool, give commingling order number:				
IV.	COMPLETION DATA Oil Well Gas Well New Well Workover Deepen Plug Back Same Res'v. Diff. Res'v.				
	Designate Type of Completio		Total Depth	P.B.T.D.	
	Date Spudded	Date Compl. Ready to Prod.	Total Depth		
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth	
	Perforations			Depth Casing Shoe	
	TUBING, CASING, AND CEMENTING RECORD				
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
			6	and must be equal to or exceed top allows	
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) Producing Method (Flow, pump, gas lift, etc.)				
	Date First New Oil Run To Tanks	Date of Test	Producing Method (rlow, pump, gas ii)	t, etc./	
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size	
	Actual Prod. During Test	Oil-Bbls.	Water - Bbls.	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	
			OU CONSERVA	TION COMMISSION	
VI	CERTIFICATE OF COMPLIANCE		OIL CONSERVATION COMMISSION APR 9 1971		
	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.		APPROVED 19 19		
			BY AND CAS INSCRETOR		
			TITLEOIL AND GAS INSPECTOR		
	11 2 H . 16		This form is to be filed in compliance with RULE 1104. If this is a request for allowable for a newly drilled or deepened		
	W. E. Walter (Signature)		well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.		
	District Superintendent		All sections of this form must be filled out completely for allowable on new and recompleted wells.		
	(Title)				
	April 6, 1971 (Date)		well name or number, or transpor	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.		

