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TRANSPORTER	OIL 1 GAS
OPERATOR	3
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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

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MAY 10 1971

CASING-HEAD GAS MUST NOT BE
FLARED OFF
UNLESS IN EXCEPTION TO R-4070
IS OBTAINED

I. Operator
General American Oil Company of Texas

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

Reason(s) for filing (Check proper box)
New Well Change in Transporter of:
Recompletion Oil Dry Gas
Change in Ownership Casinghead Gas Condensate

Other (Please explain)
O. C. G. ARTESIA, OFFICE

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name **Burch B** Well No. **21** Pool Name, Including Formation **(Metex Sd) Grayburg-Jackson (& San Andres)** Kind of Lease **FED.** Lease No. **LC-02878-93(b)**

Location **Tr. B**

Unit Letter **L** ; **1980'** Feet From The **S** Line and **617'** Feet From The **W**

Line of Section **18** Township **17-s** Range **30E** , NMPM, **Eddy** County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil or Condensate
Navajo Refining Co., Pipe Line Division Address (Give address to which approved copy of this form is to be sent) **North Freeman Ave., Artesia, New Mexico 88255**

Name of Authorized Transporter of Casinghead Gas or Dry Gas
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 **1A** Sec. **30** Twp. **17-S** Rge. **30-E** Is gas actually connected? **NO** When

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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>					
Date Spudded 4-18-71	Date Compl. Ready to Prod. 5-1-71	Total Depth 3300'	P.B.T.D. 3294'					
Elevations (DF, RKB, RT, GR, etc.) 3636' GL	Name of Producing Formation Grayburg-&San Andres	Top Oil/Gas Pay 2498'	Tubing Depth 3250'					
Perforations 2498'-2502', 2540'-2550', 2572'-2574', 2618'-2623', 2924'-2926', 2946'-2950', 2963'-2965', 3027'-3030', 3047'-3051', 3060'-3062', 3230'-3240'							Depth Casing Shoe 3299'	
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12-1/4"	8-5/8"		446' KB		100			
7-7/8"	5-1/2"		3299' KB		300			
	2-3/8" OD EUE		3250'					

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 **5-4-71** Date of Test **5-4-71** Producing Method (Flow, pump, gas lift, etc.) **Rising Flowing**

Length of Test **24 hours** Tubing Pressure **200#** Casing Pressure **open** Choke Size **open**

Actual Prod. During Test **375 Bbls.** Oil-Bbls. **175** Water-Bbls. **200 Load** Gas-MCF **225**

GAS WELL

Actual Prod. Test-MCF/D **925** Length of Test **24 hours** Bbls. Condensate/MMCF **225** Gravity of Condensate **50**

Testing Method (pitot, back pr.) **pitot** Tubing Pressure (shut-in) **200#** Casing Pressure (shut-in) **200#** Choke Size **open**

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. Walter (Signature)
District Superintendent (Title)
May 5, 1971 (Date)

OIL CONSERVATION COMMISSION

APPROVED **MAY 11 1971**, 19
BY **W. A. Gussett**
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.