

DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	<input type="checkbox"/> OIL <input type="checkbox"/> GAS
OPERATOR	
PRORATION OFFICE	

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

RECEIVED

AUG 14 1972

Operator <b>General American Oil Company of Texas</b>	
Address <b>P. O. Box 416, Loco Hills, New Mexico 88255</b>	
Reason(s) for filing (Check proper box) New Well <input checked="" type="checkbox"/> Change in Transporter <input type="checkbox"/> Recompletion <input type="checkbox"/> Oil <input type="checkbox"/> City Gas <input type="checkbox"/> Change in Ownership <input type="checkbox"/> Casinghead 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 <b>Keely C</b>	New Well, Pool Name, Pooling Formation <b>52 Grayburg-Jackson</b>	Kind of Lease State, Federal or Fee <b>Fed. LC-028784-C</b>
Location Unit Letter <b>A</b> Feet From The <b>North</b> <b>660</b> Feet From The <b>East</b> Line of Section <b>13</b> Township <b>17-S</b> Range <b>29-E</b> , NMPM, <b>Eddy</b> County		

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <b>Navajo Refining Co., Pipe Line Division</b>	Address (Give address to which approved copy of this form is to be sent) <b>M. Freeman, Artesia, New Mexico</b>	
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or City Gas <b>Phillips Petroleum Co.</b>	Address (Give address to which approved copy of this form is to be sent) <b>Phillips Building, Odessa, Texas</b>	
If well produces oil or liquids, give location of tanks.	Unit <b>A</b> Sec. <b>13</b> Twp. <b>17-S</b> Rng. <b>29-E</b>	When is actually connected? <b>Yes</b> When <b>8-1-72</b>

If this production is commingled with that from any other lease or pool, give non-mingling 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 Reservoir Diff. Reservoir <input type="checkbox"/>
Date Spudded <b>5-1-72</b>	Date Compl. Ready to Prod. <b>6-6-72</b>	Total Depth <b>3600'</b>	F.B.T.D. <b>3594'</b>				
Elevations (DF, RKB, RT, CR, etc.) <b>3644' DL</b>	Name of Producing Formation <b>Grayburg-Jackson</b>	Top Oil/Gas Pay <b>2571'</b>	Tubing Depth <b>3555'</b>				
Performances <b>2571'-77', 2603'-06', 2859'-62', 2940'-42', 2997'-99', 3033'-37', 3053'-55', 3109'-12', 3160'-70', 3261'-69', 3518'-22', 3540'-44'.</b>		Depth Casing Shoe <b>3600'</b>					
TUBING, CASING, AND CEMENTING RECORD							
HOLE SIZE <b>12-1/4"</b> <b>7-7/8"</b>	CASING & TUBING SIZE <b>8-5/8"</b> <b>4-1/2"</b> <b>2-3/8" OD EUE</b>	DEPTH SET <b>500'</b> <b>3600'</b> <b>3555'</b>	SACKS CEMENT <b>100</b> <b>500</b>				

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 <b>8-1-72</b>	Date of Test <b>8-1-72</b>	Producing Method (Flow, pump, gas lift, etc.) <b>Pumping</b>	
Length of Test <b>24 Hours</b>	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test <b>188</b>	Oil-Bbls. <b>47</b>	Water-Bbls. <b>141</b>	Gas-MCF <b>50</b>

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. Walter** (Signature)  
**District Superintendent**

**August 9, 1972** (Date)

OIL CONSERVATION COMMISSION

APPROVED **AUG 14 1972**, 19\_\_\_\_  
BY **W. A. Gressett**  
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.