

NEW MEXICO OIL CONSERVATION COMMISSION
 Santa Fe, New Mexico

SEP 4 1957

(Form C-104)
 Revised 7/1/57

REQUEST FOR (OIL) - (GAS) ALLOWABLE

Oil Cons. Comm. Recompletion

This form shall be submitted by the operator before an initial allowable will be assigned to any completed Oil or Gas well. Form C-104 is to be submitted in QUADRUPLICATE to the same District Office to which Form C-101 was sent. The allowable will be assigned effective 7:00 A.M. on date of completion or recompletion, provided this form is filed during calendar month of completion or recompletion. The completion date shall be that date in the case of an oil well when new oil is delivered into the stock tanks. Gas must be reported on 15.025 psia at 60° Fahrenheit.

Loco Hills, New Mexico
 (Place)

September 3, 1957
 (Date)

WE ARE HEREBY REQUESTING AN ALLOWABLE FOR A WELL KNOWN AS:

General American Oil Co. of Texas Burch C, Well No. 14, in SW $\frac{1}{4}$ SE $\frac{1}{4}$,
 (Company or Operator) (Lease)

0 Eddy, Sec. 23, T. 17-S, R. 29-E, NMPM., Grayburg-Keely Pool
 Unit Letter

EE County. Date Spudded 8-10-57 Date Drilling Completed 8-27-57

Please indicate location:

D	C	B	A
E	F	G	H
L	K	J	I
M	N	O	P

Elevation 3759' 579 Total Depth 3352' PBD

Top Oil/Gas Pay 3280' Name of Prod. Form. San Andres

PRODUCING INTERVAL -

Perforations

Open Hole 3267'-3352' Depth Casing Shoe _____ Depth Tubing _____

OIL WELL TEST -

Natural Prod. Test: 5 oil, 0 bbls water in 1 hrs, 0 min. Size _____

Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of load oil used): 473 bbls oil, 0 bbls water in 21 hrs, 30 min. Choke Size 3/4"

GAS WELL TEST -

Natural Prod. Test: _____ MCF/Day; Hours flowed _____ Choke Size _____

Method of Testing (pitot, back pressure, etc.): _____

Test After Acid or Fracture Treatment: _____ MCF/Day; Hours flowed _____

Choke Size _____ Method of Testing: _____

Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and sand): 500 gals. HCl, 34,608 gals. crude oil, 60,000# sand.

Casing _____ Tubing _____ Date first new _____
 Press. _____ Press. _____ oil run to tanks 8-31-57

Oil Transporter Malco Refineries Inc.

Gas Transporter _____

Remarks: This well deepened from Grayburg-Jackson Pool to Grayburg-Keely Pool.

Request cancellation of Grayburg-Jackson Allowable.

This well on same 40 acre Unit as Burch C No. 6.

I hereby certify that the information given above is true and complete to the best of my knowledge.

Approved SEP 4 1957, 19____

General American Oil Company of Texas
 (Company or Operator)

OIL CONSERVATION COMMISSION

By: M L Armstrong

By: R J Heard
 (Signature)

Title Field Superintendent

Send Communications regarding well to:

Title OIL AND GAS INSPECTOR

Name General American Oil Co. of Texas

Address Box 416, Loco Hills, New Mexico

OIL CONSERVATION COMMISSION		
ARTESIA DISTRICT OFFICE		
No. Copies Received		
DISTRIBUTION		
	NO. FURNISHED	
Operator		
Santa Fe		
Proration Office		
State Land Office		
U. S. G. S.		
Transporter		
File		<input checked="" type="checkbox"/>

NEW MEXICO OIL CONSERVATION COMMISSION
SANTA FE, NEW MEXICO

Form C-110

Revised 7/1/55

SEP 4 1957

(File the original and 4 copies with the appropriate district office)

CERTIFICATE OF COMPLIANCE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Oil Cons. Comm.
ARTESIA OFFICE

Company or Operator General American Oil Company of Texas Lease Burch C

Well No. 14 Unit Letter 0 S 23 T 17-SR 29-E Pool Grayburg-Keely

County Eddy Kind of Lease (State, Fed. or Patented) Federal

If well produces oil or condensate, give location of tanks: Unit 0 S 23 T 17S R 29E

Authorized Transporter of Oil or Condensate Malco Refineries Inc.

Address Artesia, N. M.

(Give address to which approved copy of this form is to be sent)

Authorized Transporter of Gas _____

Address _____

(Give address to which approved copy of this form is to be sent)

If Gas is not being sold, give reasons and also explain its present disposition:

Gas is gathered and processed by Frontier Natural Gasoline Co.

Reasons for Filing: (Please check proper box) New Well _____ ()

Change in Transporter of (Check One): Oil () Dry Gas () C'head () Condensate ()

Change in Ownership _____ () Other _____ (X)

Remarks: _____ (Give explanation below)

This well deepened from Grayburg-Jackson Pool to Grayburg-Keely Pool.

The undersigned certifies that the Rules and Regulations of the Oil Conservation Commission have been complied with.

Executed this the 3rd day of September 19 57

Approved SEP 4 1957 19

By R. J. Heard
Title R. J. Heard
Field Superintendent

OIL CONSERVATION COMMISSION

By M. L. Armstrong
Title OIL AND GAS INSPECTOR

Company General American Oil Co. of Texas
Address P. O. Box 416
Leeco Hills, New Mexico

OIL CONSERVATION COMMISSION		
ARTESIA DISTRICT OFFICE		
No. Copies Received		
DISTRIBUTION		
	NO. FURNISHED	
Operator		
Santa Fe		
Proration Office		
State Land Office		
U. S. G. S.		
Transporter		
File		