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TRANSPORTER	OIL	
	GAS	
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NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS
RECEIVED

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

MAY 10 1971

Operator General American Oil Company of Texas		C. D. G. ARTESIA, OFFICE
Address P. O. Box 416, Loco Hills, New Mexico 88255		
Reason(s) for filing (Check proper box) New Well <input checked="" type="checkbox"/> Change in Transporter of: Recompletion <input type="checkbox"/> Oil <input type="checkbox"/> Dry 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 Burch C	Well No. 13	Pool Name, Including Formation Grayburg & Jackson (San Andres)	Kind of Lease State, Federal or Fee FED LC-028793-c	Lease No.
Location Unit Letter G ; 1980 Feet From The N Line and 1980 Feet From The E Line of Section 30 Township 17-S Range 30E , 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 Ave., Artesia, New Mexico 88255			
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 Building, Odessa, Texas 79760			
If well produces oil or liquids, give location of tanks.	Unit 0	Sec. 19	Twp. 17-S	Rge. 30E
Is gas actually connected?		When 5-5-71		

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	Same Res'v.	Diff. Res'v.
Date Spudded 3-28-71	Date Compl. Ready to Prod. 4-17-71		Total Depth 3475'		P.B.T.D. 3469'			
Elevations (DF, RKB, RT, GR, etc.) 3601' GL	Name of Producing Formation Grayburg and San Andres		Top Oil/Gas Pay 2680'		Tubing Depth 3425'			
Perforations 28(2680'-94'), 5(2732'-37'), 3(2761'-64'), 8(2802'-11'), 24(3076'-8'), 4(3304'-08'), 4(3346'-50'), 4(3354'-58'), 4(3388'-92'), 16(3438'-46').		TUBING, CASING, AND CEMENTING RECORD						
HOLE SIZE 12-1/4" 7-7/8"		CASING & TUBING SIZE 8-5/8" 4-1/2" 2-3/8" EUE		DEPTH SET 515' KB 3475' KB 3425'		SACKS CEMENT 100 400		

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 4-17-71	Date of Test 5-2-71	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 24 hours	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test 225 Bbls.	Oil-Bbls. 95	Water-Bbls. 130 Load Water	Gas-MCF 110

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
District Superintendent
May 5, 1971

(Signature)

(Title)

(Date)

OIL CONSERVATION COMMISSION

MAY 11 1971

APPROVED _____, 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.