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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	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

JUN 29 1971

I. Operator
General American Oil Company of Texas ☐ **C. C.**
Address **ARTESIA, OFFICE**
P. O. Box 416, Loco Hills, New Mexico 88255
Reason(s) for filing (Check proper box) Other (Please explain)
New Well ☒ Change in Transporter of:
Recompletion ☐ Oil ☐ Dry Gas ☐
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Burch B	Well No. 24	Pool Name, Including Formation (Metex) Grayburg-Jackson (& San Andres)	Kind of Lease State, Federal or Fee FED. LC-028784-93	Lease No. Tr. B (b)
Location: Unit Letter F ; 2120 Feet From The N Line and 1676 Feet From The W Line of Section 18 Township 17-S Range 30-E , 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 88210	
Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐ 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. * H 13 17-S 29-E	Is gas actually connected? Yes	When 6-19-71

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 ☒	Gas Well	New Well ☒	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded 5-21-71	Date Compl. Ready to Prod. 6-7-71	Total Depth 3326'	P.B.T.D. 3320					
Elevations (DF, RKB, RT, GR, etc.) 3643' GL	Name of Producing Formation San Andres	Top Oil/Gas Pay 2453'	Tubing Depth 3290					
Perforations (2453-70) (2520-26) (2564-70) (2594-2600) (2623-26)		Depth Casing Shoe 3325'						
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET		SACKS CEMENT				
12-1/4"	8-5/8"	476' KB		100				
7-7/8"	4-1/2"	3325' KB		325				
	2 3/8"	3290						

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 6-19-71	Date of Test 6-19-71	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 24 Hrs.	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test 90	Oil-Bbls. 90	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

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)

June 25, 1971 (Date)

*NMOC
Off Lease Approval #OLS-76

OIL CONSERVATION COMMISSION

APPROVED **JUN 29 1971**, 19
BY **W. A. Grasset**
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.

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN DUPLICATE*

(See other in-
structions on
reverse side)Form approved.
Budget Bureau No. 42-R355.5.

WELL COMPLETION OR RECOMPLETION REPORT AND LOG *

5. LEASE DESIGNATION AND SERIAL NO.

LC-028784-93 (b) Tr. 2

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

9. WELL NO.

10. FIELD AND POOL, OR WILDCAT

Grayburg-Jackson

11. SEC., T., R., M., OR BLOCK AND SURVEY
OR AREA

Sec. 18, T-17-S, R-30-E.

12. COUNTY OR
PARISH

Eddy

13. STATE

N. M.

19. ELEV. CASINGHEAD

3641'

23. INTERVALS
DRILLED BY

0-3226'

25. WAS DIRECTIONAL
SURVEY MADE

NO

27. WAS WELL CORED

NO

AMOUNT PULLED

None

None

30. TUBING RECORD

SIZE DEPTH SET (MD) PACKER SET (MD)

2-3/8" OD EUE 3290'

32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.

DEPTH INTERVAL (MD)

AMOUNT AND KIND OF MATERIAL USED

2453-2470

Frac 40,000 Gal Gel Wrt. 40,000#SD

2520-2626

Frac "

2973-3069

Acidized 4000 20% Acid

3122-3128

Acidized 2500 20% Acid

3206-3274 Frac 40,000 Gal Gel Wrt. 40,000#SD

33.* PRODUCTION

DATE FIRST PRODUCTION

6-19-71

PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump)

Pumping

WELL STATUS (Producing or shut-in)

Production

DATE OF TEST

6-19-71

HOURS TESTED

24

CHOKE SIZE

PROD'N. FOR TEST PERIOD

OIL—BBL.

GAS—MCF.

WATER—BBL.

GAS-OIL RATIO

FLOW. TUBING PRESS.

CASING PRESSURE

CALCULATED 24-HOUR RATE

OIL—BBL.

GAS—MCF.

WATER—BBL.

OIL GRAVITY-API (CORR.)

34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.)

TEST WITNESSED BY

35. LIST OF ATTACHMENTS

36. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records

SIGNED

TITLE

District Superintendent

DATE June 23, 1971

*(See Instructions and Spaces for Additional Data on Reverse Side)

INSTRUCTIONS

General: This form is designed for submitting a complete and correct well completion report and log on all types of lands and leases to either a Federal agency or a State agency, or both, pursuant to applicable Federal and/or State laws and regulations. Any necessary special instructions concerning the use of this form and the number of copies to be submitted, particularly with regard to local, area, or regional procedures and practices, either are shown below or will be issued by, or may be obtained from, the local Federal and/or State office. See instructions on items 22 and 24, and 33, below regarding separate reports for separate completions.

If not filed prior to the time this summary record is submitted, copies of all currently available logs (drillers, geologists, sample and core analysis, all types electric, etc.), formations and pressure tests, and directional surveys, should be attached hereto, to the extent required by applicable Federal and/or State laws and regulations. All attachments should be listed on this form, see item 35.

Item 4: If there are no applicable State requirements, locations on Federal or Indian land should be described in accordance with Federal requirements. Consult local State or Federal office for specific instructions.

Item 18: Indicate which elevation is used as reference (where not otherwise shown) for depth measurements given in other spaces on this form and in any attachments. **Items 22 and 24:** If this well is completed for separate production from more than one interval zone (multiple completion), so state in item 22, and in item 24 show the producing interval, or intervals, top(s), bottom(s) and name(s) (if any) for only the interval reported in item 33. Submit a separate report (page) on this form, adequately identified, for each additional interval to be separately produced, showing the additional data pertinent to such interval.

Item 29: "Sacks Cement": Attached supplemental records for this well should show the details of any multiple stage cementing and the location of the cementing tool. **Item 33:** Submit a separate completion report on this form for each interval to be separately produced. (See instruction for items 22 and 24 above.)

37. SUMMARY OF POROUS ZONES: SHOW ALL IMPORTANT ZONES OF POROSITY AND CONTENTS THEREOF: CORED INTERVALS; AND ALL DRILL-STEM TESTS, INCLUDING DEPTH INTERVAL TESTED, CUSHION USED, TIME TOOL OPEN, FLOWING AND SHUT-IN PRESSURES, AND RECOVERIES				38. GEOLOGIC MARKERS		
FORMATION	TOP	BOTTOM	DESCRIPTION, CONTENTS, ETC.	NAME	MEAS. DEPTH TOP	TRUE VERT. DEPTH
Leco Mills	2452	2470	Sand Oil Stained	QUEEN	1984	+1669
Hetex	2508	2604	Sand Stringers Oil Stained	San Andres	2680	+ 973
San Andres	2973	3280	Dolomite showing oil in spots	Livingston SD	2783	+ 868