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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

FEB 23 1972

I. Operator
General American Oil Company of Texas **O. 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 C	Well No. 20	Pool Name, Including Formation Grayburg & San Andres	Kind of Lease State, Federal or Fee Fed. IC-028793-c	Lease No.
Location Unit Letter G ; 1980 Feet From The N Line and 1980 Feet From The E 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 <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 88210					
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 Bldg., Odessa, Texas 79760					
If well produces oil or liquids, give location of tanks.	Unit H	Sec. 13	Twp. 17-S	Rge. 29-E	Is gas actually connected? YES	When 2-18-72

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 1-21-72	Date Compl. Ready to Prod. 2-17-72	Total Depth 3900'	P.B.T.D. 3660'					
Elevations (DF, RKB, RT, GR, etc.) 3650 GL	Name of Producing Formation Grayburg & San Andres	Top Oil/Gas Pay 2482	Tubing Depth 3610'					
Perforations 2482'-2490', 2579'-2589', 2612'-2616', 2657'-2663', 3035'-3039', 3086'-3090', 3121'-3125', 3133'-3139', 3289'-3305', 3542'-3549'			Depth Casing Shoe 3700'					
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12-1/4"	8-5/8"		479' KB		100 Sacks			
7-7/8"	4-1/2"		3700' KB		425 Sacks			
	2-7/8" OD EUE		3610'					

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 2-17-72	Date of Test 2-17-72	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 24 Hours	Tubing Pressure -	Casing Pressure -	Choke Size -
Actual Prod. During Test 300 Bbls.	Oil-Bbls. 150	Water-Bbls. 150 Load	Gas-MCF 300

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)

February 21, 1972 (Date)

OIL CONSERVATION COMMISSION

FEB 24 1972

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.