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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

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MAY 21 1976

Operator General American Oil Company of Texas	
Address P. O. Box 416 Loco Hills, New Mexico 88255	
Reason(s) for filing (Check proper box) New Well <input type="checkbox"/> Change In Transporter of: Recompletion <input type="checkbox"/> Oil <input checked="" 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) <i>Change from well</i>	
If change of ownership give name and address of previous owner	

II. DESCRIPTION OF WELL AND LEASE	
Seven Rivers	
Lease Name Burch "A"	Well No. 32
Pool Name, Including Formation Grayburg Jackson San Andres	
Kind of Lease State, Federal or Fee Fed. LC-028793-a	
Location Unit Letter A ; 165 Feet From The North Line and 1155 Feet From The East	
Line of Section 19 Township 17-S Range 30-E, 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. - Pipeline Division	Address (Give address to which approved copy of this form is to be sent) North Freeman Avenue 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 Building Odessa, Texas 79760
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When E 19 17-S 30-E YES March 19, 1976

If this production is commingled with that from any other lease or pool, give commingling order number:

V. 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	Date Compl. Ready to Prod. Total Depth P.B.T.D.
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation Top Oil/Gas Pay Tubing Depth
Perforations	Depth Casing Shoe
TUBING, CASING, AND CEMENTING RECORD	
HOLE SIZE	CASING & TUBING SIZE DEPTH SET SACKS CEMENT

VI. 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	Date of Test Producing Method (Flow, pump, gas lift, etc.)
Length of Test	Tubing Pressure Casing Pressure Choke Size
Actual Prod. During Test	Oil-Bbls. 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

VII. 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.	
APPROVED MAY 24 1976	
BY W. A. Gressett	
TITLE SUPERVISOR, DISTRICT II	
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.	
Roy Crow (Signature) District Superintendent (Title) May 19, 1976 (Date)	