

**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-1  
 Effective 1-1-65

**RECEIVED**

DISTRIBUTION		1	
ALBUQUERQUE		1	
EL PASO		1	
S.G.S.			
FIELD OFFICE			
TRANSPORTER	OIL	1	
	GAS	1	
OPERATOR			
PRORATION OFFICE			

**I. 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  Change in Transporter of:  
 Recompletion  Oil  Dry Gas   
 Change in Ownership  Casinghead Gas  Condensate   
 Other (Please explain): ARTESIA, OFFICE

MAR 8 1976

If change of ownership give name and address of previous owner \_\_\_\_\_

**II. DESCRIPTION OF WELL AND LEASE**

Lease Name	Well No.	Pool Name, including Formation	Kind of Lease	Lease No.				
Burch "B"	31	Grayburg-Jackson & San And	State, Federal or Fee	LC-028784-93(b).				
Location								
Unit Letter		Feet From The	Line and	Feet From The				
L	2615	South	3985	East				
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 <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
Navajo Crude Oil Purchasing Company	P. O. Drawer 175 Artesia, N. M. 88210					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
Phillips Petroleum Company	Phillips Building Odessa, Texas 79760					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	H	13	17-S	29-E	2-16-76 YES	2-16-76

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
(X)	X		X					
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
1-22-76	2-16-76	3300'	3294'					
Elevations (DF, RKB, RT, CR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
3635'	Grayburg & San Andres	1588'	3180'					
Perforation: 3262-3265; 3252-3258; 3110-3114; 3098-3104; 3010-3012; 2997-2999			Depth Casing Shoe 3300'					
2967-2969; 2944-2946; 2778-2788; 2632-2636; 2614-2618; 2552-2557; 2513-2516; 1588-1593.								

**TUBING, CASING, AND CEMENTING RECORD**

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12-1/4"	8-5/8" OD 24#	469'	100
7-7/8"	5-1/2" OD 14 & 15.5#	3300'	650
	2-3/8" OD 4.7# EUE		

**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	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
3-1-76	3-2-76	Pumping	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24 hours	-----	-----	-----
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF
100 bbls.	40	60 L.W.	194

**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.

Lendell Hawkins  
 Lendell Hawkins (Signature)  
 Engineer (Title)  
 March 5, 1976 (Date)

OIL CONSERVATION COMMISSION  
 MAR 8 1976  
 APPROVED \_\_\_\_\_, 19\_\_\_\_  
 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 multiple-completed wells.

