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LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRORATION OFFICE	

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND

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

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS
Orig & 4 CC: IMCCC
1 CC: Houston - W. L. Boone
1 CC: Midland - J. E. Pierce
1 CC: File

I. Operator
GEMTY OIL COMPANY
Address
P.O. Box 249, Hobbs, New Mexico 88240
Reason(s) for filing (Check proper box) Other (Please explain)
New Well Change in Transporter of: Oil Dry Gas
Recompletion Casinghead Gas Condensate
Change in Ownership

If change of ownership give name and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name STATE "AN"	Well No. 11	Pool Name, including Formation Undesignated - Grayburg - S. A.	Kind of Lease State, Federal or Fee State	Lease No. E 7653
Location Unit Letter <u>B</u> : <u>330</u> Feet From The <u>North</u> Line and <u>2310</u> Feet From The <u>East</u> Line of Section: <u>7</u> Township <u>18-S</u> Range <u>35-E</u> , NMPM, <u>Lea</u> 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"/> The Permian Corporation	Address (Give address to which approved copy of this form is to be sent) P.O. Box 3119, Midland, Texas 79701					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> None	Address (Give address to which approved copy of this form is to be sent)					
If well produces oil or liquids, give location of tanks.	Unit B	Sec. 7	Twp. 18-S	Rge. 35-E	Is gas actually connected? No	When As soon as a connection can be secured.

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 X	Gas Well	New Well X	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded 12-31-69	Date Compl. Ready to Prod. 2-5-70	Total Depth 4850'			P.B.T.D. 4727'			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation Grayburg S.A.	Top Oil/Gas Pay 4657'			Tubing Depth 4061'			
Perforations 4657, 60, 78, 84, 88, 91, 97; 4723, 27'.					Depth Casing Shoe			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12-1/4	8-5/8"		407		275			
7-7/8"	5-1/2"		4349		1000			
	2-7/8"		4061					

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 2-7-70	Date of Test 2-9-1970	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24	Tubing Pressure 20	Casing Pressure 20	Choke Size -
Actual Prod. During Test 330	Oil-Bbls. 48	Water-Bbls. 282	Gas-MCF 53

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.

Oil. Wade
(Signature)

Area Superintendent
February 9, 1970
(Title)
(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19____
BY [Signature]
TITLE _____

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 on the well in accordance with RULE 111.
All sections of this form must be filled out completely for allowables 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 drilled wells.