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OF COPIES RECEIVED	i na se		Form C-104
DISTRIBUTION	NEW MEXICO OIL CONS	ERVATION COMMISSION	Supersedes Old C-104 and C-110
SANTA FE		R ALLOWABLE	Effective 1-1-65
	AUTHORIZATION TO TRANSF		GAS
AND OFFICE	AUTHORIZATION TO TRANS		•
OIL /			
RANSPORTER GAS			
OPERATOR 3			
PRORATION OFFICE	/		
Ciperator	Composer of Texas		
General American Oil	Company of Texado		
P. 0. Box 416, Loco	Hills, New Mexico 88255		5. Yr
Reason(s) for filing (Check proper box)		Other (Please explain)	
New Well	Change in Transporter of:		
Recompletion	Oil X Dry Gas		
Change in Ownership	Casinghead Gas Condensat	° []	
If change of ownership give name			
and address of previous owner			
II. DESCRIPTION OF WELL AND L	EASE	stion Kind of Le	dae Lease No.
Lease Name	Well No. Poor reality internation	State, Fed	eral or Fee Federal LC-061638
Brewer	6 High Loneson	18	
Location		rnd 660 Feet Fro	West
Unit Letter D ; 66	OFeet From TheNorthLine a		
Line of Section 13 Tow	nship 16-S Range 2	9-Е , МАРМ,	Eddy County
Line of Section 19 10w			
III. DESIGNATION OF TRANSPORT	ER OF OIL AND NATURAL GAS	Give address to which ap	proved copy of this form is to be sent)
Name of Authorized Transporter of OII			
Navajo Refining Company		North Freeman Avanua Address (Give address to which ap	proved copy of this form is to be sent)
Name of Authorized Transporter of Cas	inghead Gas or biy Gas /		
	Unit Sec. Twp. Rge. I	s gas actually connected?	When
If well produces oil or liquids, give location of tanks.	A 14 16-S 29-E	No	
give location of tuties.	th that from any other lease or pool, gi		CTB-140
If this production is commingled with IV. COMPLETION DATA			Plug Back   Same Res'v. Diff. Res'v.
	Ull well Gue have	New Well Workover Deepen	
Designate Type of Completio		Total Depth	P.B.T.D.
Date Spudded	Date Compl. Ready to Prod.		
	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
Elevations (DF, RKB, RT, GR, etc.)		· ·	
Perforations			Depth Casing Shoe
	TUBING, CASING, AND	DEPTH SET	SACKS CEMENT
HOLE SIZE	CASING & TUBING SIZE	<u>DEFIN 361</u>	
V. TEST DATA AND REQUEST F	OR ALLOWABLE (Test must be af	ter recovery of total volume of loa	d oil and must be equal to or exceed top allo
OIT WELL	able for this dep	oth or be for full 24 houre) Producing Method (Flow, pump, 4	
Date First New Oil Run To Tanks	Date of Test	blognerud Werner (1, 100) hambi e	
		Casing Pressure	Choke Size
Length of Test	Tubing Pressure		
Actual Prod. During Test	Oil-Bble.	Water - Bbls.	Gas-MCF
Actual Prod. During Test			
GAS WELL		Bbls. Condensate/MMCF	Gravity of Condensate
Actual Prod. Test-MCF/D	Length of Test	Bbla. Condensate/MMCr	
		Casing Pressure (Shut-in)	Choke Size
Testing Method (pitot, back pr.)	Tubing Pressure (shut-in)		
		OIL CONSE	RVATION COMMISSION
VI. CERTIFICATE OF COMPLIA	NCE	JU	$\mathbf{N} \in \mathcal{A}$ and $\mathcal{B}$
	t	APPROVED	<u>11 6 4 1969</u> , 19
I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given Commission have been complied with and that the information given		1. a.s.	Tresset
above is true and complete to t	he best of my knowledge and belief.	BY	
		TITLE	
	21	This form is to be file	ed in compliance with RULE 1104.
ME Traffed W. E. Walter		If this is a request for	r allowable for a newly drilled or deeper
(Signature)		well, this form must be so	secondance with RULE 111.
District Superinte	ndent	All montions of this fo	was must be filled out completely for all
	Title)	able on new and recomple	The wells.
May 29, 1969		I wall some or number, or tr	The Dout and the contract a second second
	(Date)	Separate Forms C-10	4 must be filed for each pool in multi
		completed wells.	·

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