		· ·	· •	t.	-1			
	DISTRIBUTION NEW MEXICO OIL (SERVATION O	COMMISSION BLE	Form C-104 Supersedes Old C-104 and C-110 Effective 1-1-65		
	ILE /		AND			,		
ں ر	.S.G.S.	AUTHORIZ	ZATION TO TRAN	SPORT OIL	AND NATURAL GAS			
	AND OFFICE OIL /							
	PERATOR 2						· · · · · · · · · · · · · · · · · · ·	
	RORATION OFFICE					2 ¹²	(~~	
A	General American Oil Company of Texas					BATESIA,	artige	
R	P. O. Box 416, Loco Hi eason(s) for filing (Check proper box)	lls, New 1	Merico 88255	Other	(Please explain)			
	ew Well	Change in Tr	ransporter of:		A A			
- 1	ecompletion	Oil Casinghead (ate	Change loc	of tanks		
L Tf	change of ownership give name					/	······	
	d address of previous owner							
	ESCRIPTION OF WELL AND LE	Well No. Po	ool Name, Including For	rmation	Kind of Lease State, Federal of	Federal	Lease No. IC-061638	
	Brever	11	High Loneson	18		rederal		
	Junit Letter B ; 660	Feet From	The North Line	and	Feet From Th	• <u>East</u>		
	Unit Letter <u>B</u> ; 660			29-E	. NMPM.	Eddy	County	
	Line of Section 13 Town	ship 16-5	S Range	47-0				
n. t	ESIGNATION OF TRANSPORTI	ER OF OIL A	ND NATURAL GA	S Address (Give	address to which approve	d copy of this form is	to be sent)	
Γ	Name of Authorized Transporter of OII	x 01 0000				Antonia New	Marico	
	Navajo Refining Company. Name of Authorized Transporter of Cash	nghead Gas	or Dry Gas	Address (Give	address to which approve	d copy of this form is		
		Unit Sec.	Twp. P.ge.	ls gas actually	y connected? When	1		
	If well produces oil or liquids,	A	16-S 29-E	N				
l	f this production is commingled with	that from any	other lease or pool,	give comming	ing order number:	CTB_140		
IV.	COMPLETION DATA		l Well Gas Well		Vorkover Deepen	Plug Back Same P	es'v. Diff. Res'v.	
	Designate Type of Completion	n = (X)			l	P.B.T.D.		
	Date Spudded	Date Compl. Re	ady to Prod.	Total Depth				
	Elevations (DF, RKB, RT, GR, etc.)	Name of Produc	sing Formation	Top Oil/Gas	Pay	Tubing Depth		
	Perforations					Depth Casing Shoe		
	TUBING, CASING, AND CE				GRECORD			
			& TUBING SIZE	(DEPTH SET		EMENT	
	HOLE SIZE							
		<u> </u>						
					<u> </u>	the second to a second top allo		
v.	TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed top all able for this depth or be for full 24 hours)							
•••	OIL WELL Date First New Oil Run To Tanks Date of Test			Producing M	ethod (Flow, pump, gas li	ft, etc.)	etc.)	
	Length of Test		Casing Pres	£ur●	Choke Size			
				Water - Bble.	Water - Bble.		Gas • MCF	
	Actual Prod. During Test Oil-Bbls.							
						Gravity of Conden	agte	
	GAS WELL Actual Prod. Test-MCF/D	Actual Prod. Test-MCF/D Length of Test		Bbls. Conde	Bbls. Condensate/MMCF		Gravity of Consensatio	
	Testing Method (pitot, back pr.) Tubing Pressure (Shut-in)		Casing Pres	sure (Shut-in)	Choke Size			
						ATION COMMIS	SION	
V	. 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			
	······			TITLE .		·		
	-1 - 1 - 1				This form is to be filed in compliance with RULE 1104.			
	HE Walter W. E. Walter				This form is to be filed in example for a newly drilled or deepend If this is a request for allowable for a newly drilled or deepend well, this form must be accompanied by a tabulation of the deviation well, this form must be accompanied by a tabulation of the deviation of the deviation of the			
	(Signature)				tests taken on the well in accordance filled out completely for alle			
	District Superintendent (Title)				able on new and recompletion wollde			
	May 29, 1969	Date						
	(Date)			Sec	well name or number, or number, or number, be filed for each peel in multip Separate Forms C-104 must be filed for each peel in multip			

well name or number, or transporten or other such things of a multipl Separate Forms C-104 must be filed for each peel in multipl completed wells.

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