	AC OF COPIES RECEIVED 6		-		
	DISTRIBUTION	NEW MEXICO OIL CO	OR ALLOWABLE	Form C-104 Supersedes Old C-106 and C-1 Effective 1-1-65	10
	U.S.G.S.	AUTHORIZATION TO TRAN	AND ISPORT OIL AND NATURAL	GAS	
	IRANSPORTER OIL /	· · · · · · · · · · · · · · · · · · ·			
	GAS / OPERATOR 2	•		RECEIVES	
1.	PRORATION OFFICE			JUN 20 1969	ך
	General American 011 (Company of Texas	·		+
	Address P. O. Box 416. Leco H	11s, New Mexico 88255	Other (Please explain)	<u> </u>	$\frac{1}{1}$
	Reason(s) for filing (Check proper box) New Well	Change in Transporter of:	Other (Flease explain)	ARTEBIA, OFFICE	
		Oil E Dry Gas Casinghead Gas Condens		·	
	Change in Ownership	· ·			
	If change of ownership give name and address of previous owner				
11.	DESCRIPTION OF WELL AND L	Well No. Pool Name, Including Fo	rmation Kind of L		٦
	Return 1 Sivley	5 West Henshaw-		deral or Fee Federal IN-04068	-
	Unit Letter B ; 660	Feet From The North Line	and 1980 Feet Fr	om The East	-
	UNA LUNA		30-Е , ммрм,	Eddy County	
		······································	8		
III.	DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil X or Condensate Address (Give address to which approved copy of this form is to be sent) Name of Authorized Transporter of Oil X or Condensate North Freeman Avenue, Artesia, New Mexico				
•	Nava 10 1162 Little Company of this form is Address (Give address to which approved copy of this form is				٦
÷	Phillips Petroleum Com	eny	Phillips Building, Odessa, Texas		
	If well produces oil or liquids, give location of tanks.	B 17 16-S 30-E	Tes	Jamery 22, 1960	
	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)		New Well Workover Deeper	Plug Back Same Ree'v. Diff. Ree	7.
	Designate Type of Complete	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	-
			<u> </u>	Depth Casing Shoe	
	Perforations				1
	HOLESIZE	TUBING, CASING, ANI CASING & TUBING SIZE	DEPTHSET	SACKS CEMENT	
		DE ATTOWARLE (Test must be a	ifter recovery of total volume of ion	d oil and must be squal to or excood top al	law
V	OIL WELL	able for this d	epth or be for full 24 hours) Producing Method (Flow, pump, 1	pes lift; etc.)	
	Date First New Oil Run To Tanks		Casing Pressure	Choke Size	
	Length of Test	Tubing Pressure			فقنوه
	Actual Prod. During Test	Oil-Bbls.	Water - Bbis.	Ges - 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-is)	Casing Pressure (Shut-in)	Choke Size	
	Testing Method (picol, such pil)				
V	I. CERTIFICATE OF COMPLIANCE		OIL CONSE	RVATION COMMISSION	
	I hereby certify that the rules and regulations of the Oil Conservation		APPROVED		
	I hereby certify that the rules and regulations of the information given Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.		BY OIL AND GAS INSPECTOR		
				d to compliance with BUL # 1104.	
	HE Halter W. E. Valter		This form is to be filed in compliance with RULE 1104. If this is a request for allowable for a newly drilled or deepens 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 allow		
	(Signature)				
	District Superintendent (Tule)		able on new and recompte	not wells. a I, II, III, and VI for changes of ou	
	May 29, 1969 (Date)		watt name or number, or tre	aparton or other such shange of condi 6 must be flied for each pool in mul	
			Separate Forms C-10 completed wells.		
			•		

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 $\sum_{i=1}^{N} \sum_{\substack{i=1,\dots,N\\ i \neq i}} \sum_{\substack{i=1,\dots,N}} \sum_$