NEW EXICO OIL CONSERVATION COMM Santa Fe, New Mexico

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ION

REQUEST FOR (OIL) - (GARSA) ALLOWABLE

New Well

(Form C-104)

Revi set 7/1/57

This form shall be submitted by the operator before an initial allowable will be assigned to any completed Oil or Gas well. Form C-104 is to be submitted in QUADRUPLICATE to the same District Office to which Form C-101 was sent. The allowable will be assigned effective 7:00 A.M. on date of completion or recompletion, provided this form is filed during calendar month of completion or recompletion. The completion date shall be that date in the case of an oil well when new oil is delivered into the stock tanks. Gas must be reported on 15.025 psia at 60° Fahrenheit.

					Ļ	OSO Hills, N (Place)	im Naxico	Pet	(Date)
			-			R A WELL KN Siviewell No	IOWN AS: 	SM 1	
G	Letter	., Sec	.17	., T 16–S	, R 305	, NMPM.,	Undesi Nest Hensi	haw Groyt	Pool
, • •				County Da	te Spudded	1-12-58	Date Drilling (Completed	2-17-58
Eddy Please indicate location:						Depth2802			
									ad (Gravburg)
D	C	B		PRODUCING IN					•
	F			Perforations		De ette	·		
E	F	∘Gr. o	H	Open Hole	27501-28	Depth Casin	g Shoe 2750	Depth Tubing	27181
-L	ĸ	J	I	OIL WELL TES		EST NATURAL			-
	•		· _	Natural Prod			bbls water in	nhrs,	Choke min. Siże
				Test After A	cid or Fracture	Treatment (afte	r recovery of volu	me of oil equ	ual to volume of
M	N	0	P	load oil use	d): LO_O bi	ols.oil, Ö		2 hrs. 15	Choke min. Size 3/4*
				GAS WELL TES	· · · · · · · · · · · · · · · · · · ·				
(10 3	<u> </u>				-				
-	· · · ·	-	fr. B.	•			ay; Hours flowed		Size
ر Tubing Sire	_	id Gemez eet	ting Recor Sax	Method of Te	sting (pitot, b	ack pressure, et	c.):		
				Test After A	cid or Fracture	Treatment:	MCI	F/Day; Hours	flowed
10 3/	4 5	37	50	Choke Size	Method	of Testing:			
				Acid on Fract	ure Treatment	(Give amounts of	materials used, su	ch as acid.	water, oil, and
8.5/	8 23	50 5	at & Pu	the Ct		•	mls. erude.		
		ļ		Casing	# Tubing	Date first	new tanks		
711	27	50	100						
2*	27	10					des. Inc.		
		to 1		Gas Transport	ter	None Availab			
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I her	reby cert	ify tha	t the info	rmation given	above is true	and complete to	the best of my kno	wledge.	
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(OIL CO	NSER	VATION	COMMISSIO	N	Ву: К.	teart	•••••••••••	
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			ECTON	L		Send	Communications	regarding w	ell to:
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						Address P. O.	Best 4161. L	en Hille	New Maxles

TELLER MARKET

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NEW MEXICO OIL CONSERVATION COMMISSION Form C-110
SANTA FE, NEW MEXICO $\begin{bmatrix} Revised 7/1/55 \\ D \end{bmatrix} \begin{bmatrix} 5 & 0 \end{bmatrix}$
(File the original and 4 copies with the appropriate district office) $\frac{1}{2} \frac{1}{2} \frac{1}{2$
CERTIFICATE OF COMPLIANCE AND AUTHORIZATION COMPLEXES (U) TO TRANSPORT OIL AND NATURAL GAS
Company or Operator General American Oil Co. of Texas Lease Federal Sivley
Well No. 7 Unit Letter G S 17 T 168 R 305 Pool (Undesignated
County Eddy Kind of Lease (State, Fed. or Patented) Federal
If well produces oil or condensate, give location of tanks: Unit P S 8 T 165 R 305
Authorized Transporter of Oil or Condensate Maleo Refineries, Inc.
Address
Authorized Transporter of Gas <u>None Available</u>
Address
(Give address to which approved copy of this form is to be sent) If Gas is not being sold, give reasons and also explain its present disposition:
No Market - Gas is flared
Reasons for Filing: Please check proper box) New Well (X)
Change in Transporter of (Check One): Oil () Dry Gas () C'head () Condensate ()
Change in Ownership () Other ()
Remarks: (Give explanation below)

The undersigned certifies that the Rules and Regulations of the Oil Conservation Commission have been complied with.

Executed the	his the day	of19	58		
		- 	By	RAtion	
Approved	FEB 2 1 1050	19	Title_	R. J. Heard	
OIL	CONSERVATION	COMMISSION	Compa	any General American Oll Co. of Texas	
	amstrong	6	Addre	ss P. O. Box 416	
Title_ 0// //	ID GAS LASPECTOR		Loos Hills, New Mexico		

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OIL CONSERVATION COMMISSION ARTESIA DISTRICT OFFICE No. Copies Recoil ad 6 **`.**] -Operator Serica Th Proration Office State Land Office S. C. S. Tanonorter File ۷

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