

**OIL CONSERVATION DIVISION**  
P.O. Box 2088  
Santa Fe, New Mexico 87504-2088

MAY -1 '89

**REQUEST FOR ALLOWABLE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS**

I. Operator GENERAL ATLANTIC RESOURCES, INC. ✓		Well API No. ARTESIA, OFFICE
Address 410-17th Street, Suite #1400, Denver, Colorado 80202 (303) 573-5100		
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)		
New Well <input type="checkbox"/>	Change in Transporter of: <input type="checkbox"/> Dry Gas <input type="checkbox"/>	
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/>	CHANGE IN OPERATOR
Change in Operator <input checked="" type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	
If change of operator give name and address of previous operator Mesa Operating Limited Partnership, 1000 Vaughn Bldg. Midland, Texas 79701		

**II. DESCRIPTION OF WELL AND LEASE**

Lease Name WILLIAMSON FEDERAL COM	Well No. #1	Pool Name, including Formation Diamond Mound- Atoka/ Morrow	Kind of Lease State (Federal) or Fee	Lease No. NM-7066
Location Unit Letter C : 660 Feet From The North Line and 1980 Feet From The West Line Section 12 Township 16 South Range 27 East, NMPM, Eddy County				

**III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS**

SCURLOCK PERMIAN CORP EFF 9-1-91

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> The Permian Corporation	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1183, Houston, TX 77001	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> Northern Natural Gas Pipeline	Address (Give address to which approved copy of this form is to be sent) 2223 Dodge St., Omaha, NE 68102	
If well produces oil or liquids, give location of tanks.	Unit C	Sec. 12
	Twp. 16S	Rge. 27E
	Is gas actually connected? Yes	When? 6/5/79

If this production is commingled with that from any other lease or pool, give commingling order number:

N/A

**IV. COMPLETION DATA**

Designate Type of Completion - (X)	Oil Well	Gas Well X	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded	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		
Perforations						Depth Casing Shoe		

**TUBING, CASING AND CEMENTING RECORD**

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

**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 Tank	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

Posted ID3  
5-5-89  
OP  
ghg

**GAS WELL**

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

**VI. OPERATOR CERTIFICATE OF COMPLIANCE**

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

GENERAL ATLANTIC RESOURCES, INC.

Signature Shelley L. Keene  
Shelley L. Keene, Engineering Tech.

Printed Name  
4/24/89 (303) 573-5100

Date  
Telephone No.

**OIL CONSERVATION DIVISION**

Date Approved MAY 1 1989

By Original Signed By  
Mike Williams

Title \_\_\_\_\_

**INSTRUCTIONS:** This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.

RECEIVED

APR 28 1989

OCD  
HOBBS OFFICE