NO. OF COPIES REC	6	
DISTRIBUTION		
SANTA FE	7	
FILE	7-	
U.S.G.S.		
LAND OFFICE		
IRANSPORTER	OIL	7
TRANSFORTER	GAS	
OPERATOR	3	
PRORATION OF		
Operator		

## NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE AND

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

LAND OFFICE			4		-		
TRANSPORTER  -	OIL	<del>/   -</del>	-				
OPERATOR	GAS	3	$\dashv$			* '	- · ·
PRORATION OFFI	CE	<del>-</del>					
Operator	<u>-</u>		<u> </u>				
	Ame	rican	Gil Company of Texas				
Address							
			oco Hills, New Mexico	- 12.			
Reason(s) for filing (C	heck pr	oper bo		Other (Please	e explain)		
	₹		Change in Transporter of:	<u> </u>			
Recompletion	┥		<b></b>	Gas			
Change in Ownership			Casingheda Gas Con	densate	<del> </del>	· · · · · · · · · · · · · · · · · · ·	
If change of ownershi							
and address of previo	ous ow	1er					
DESCRIPTION OF	WELI	AND					
Lease Name			Well No. Pool Name, Including	Formation	Kind of Lease		Lcease No.
Burch C			15 Grayburg-Jac	ksen (Keely)	State, Federal	or Fee	ieral 028793-c
Location			,	***			·
Unit Letter D	i		Feet From The <b>Kerth</b> I	_ine and	Feet From T	he West	
Line of Section	23	То	ownship <b>17-S</b> Range	29-E , NMPM	. Eddy	•	County
						<del></del>	
			TER OF OIL AND NATURAL O				
Name of Authorized Tr	ransport	er of Oi	1 a or Condensate	Address (Give address			orm is to be sent)
Permian 0	il Ce	mpan	stinghead Gas or Dry Gas	P. O. Box 3119 Address (Give address			79701
'Name of Authorized Tr	ansport	er or Co	stinghedd Gds or Dry Gds	Address (Give adaress	to water approv	ea copy of this jo	orm is to be sent;
***************************************	14		Unit Sec. Twp. Rge.	Is gas actually connect	ed? Whe	n	
If well produces oil or give location of tanks.		•	D 23 17-S 29	1	1		
(f this production is		aled m	ith that from any other lease or poo		r number		
COMPLETION DAT		Ried w	ith that from any other lease of poo	or, give comminging order	number.		
		maleti	Oil Well Gas Well	New Well Workover	Deepen	Plug Back Sa	me Res'v. Diff. Res'v
Designate Type				<u> </u>	1	l 	
Date Spudded Oris		58 *	Date Compl. Ready to Prod.	Total Depth		P.B.T.D.	
Recemp. 11/22			12/1/67 Name of Producing Formation	12,2601 ft Top Oil/Gas Pay	<u> </u>	3345 Tubing Depth	<u>(†</u>
Elevations (253244)	SE, GH	, etc.					
Perforations			Keely	3282'		3304 Depth Casing S	
3282 - 80	6	32 <b>9</b> 0-	-92 3302-12				
				ND CEMENTING RECOR	.D		
HOLES	IZE		CASING & TUBING SIZE	DEPTH SI	ET	SACK	SCEMENT
			13 3/8"	7651			463
			9 5/8"	27441			100
			5 1/2"	33551		-	230
	<b>DE01</b>		OD AT YOU ARY E			<u> </u>	
TEST DATA AND OIL WELL	REQU	EST F	OR ALLOWABLE (Test must be able for this	e after recovery of total volu depth or be for full 24 hours	me of load oil d :)	nd must be equal	to or exceed top allow
Date First New Oil Ru	n To To	inks	Date of Test	Producing Method (Flow	, pump, gas lift	, etc.)	
12/2/67			12/26/67	Pumping			
Length of Test			Tubing Pressure	Casing Pressure		Choke Size	
24 Hours							
Actual Prod. During To			Oil-Bbls.	Water - Bbls.		Gas-MCF	
35 Barrel			18 Barrels	17 Berr	els	TS	<u> </u>
CAS WELL							
GAS WELL Actual Prod. Test-MC	F/D		Length of Test	Bbls. Condensate/MMC	F	Gravity of Cond	ensate
Testing Method (pitot,	back p	r.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-	-in)	Choke Size	
			1		·-··		
CERTIFICATE OF	COM	PLIAN	CE	OIL C	CONSERVA	TION COMMI	SSION
						1	, 19
hereby certify that	the rul	es and	regulations of the Oil Conservation with and that the information gives	n APPROVED	2 11.	. L	, 13
commission have be above is true and co	omplete	to th	e best of my knowledge and belief	. BY W. G	1, Gres	sett	
				TITLE 00.70	er fire france e e	المائد ا	
				11125			
21 871	1 1	2		This form is to		•	
1101	2£6	181	nature)	well this form must	t be accompan	ied by a tabula	y drilled or deepened tion of the deviation
District Superintendent			tests taken on the	well in accord	lence with RUL	.E 111.	
All sections of this form must be filled out complete (Title) able on new and recompleted wells.				completely for allow			
December 27, 1967 Fill out only Sections I.			Sections I. II.	III. and VI fo	r changes of owner,		
		(D	ate)	well name or number	r, or transporte	er, or other such	change of condition
· Original dri	Tied	88 B	evenian test by	Separate Forms completed wells.	B C-104 must	be filed for e	ach pool in multiply
t & F Coal &	. 011	IN I	958 but was dry.	11 combinion morrer			•