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NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS
RECEIVED

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

FEB 25 1972

I.

Operator General American Oil Company of Texas	
Address P. O. Box 416, Loco Hills, New Mexico 88255	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input type="checkbox"/>	Change in Transporter of:
Recompletion <input checked="" type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Keely A	Well No. 7	Pool Name, Including Formation Grayburg-Jackson - San Andres	Kind of Lease State, Federal or Fee Fed. LC-028784-a	Lease No.
Location				
Unit Letter K	1980	Feet From The S Line and 1980	Feet From The W	
Line of Section 24	Township 17-S	Range 29-E	NMPM, Eddy	County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
Navajo Refining Co., Pipe Line Division	North Freeman Avenue, Artesia, New Mexico 88210					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
Phillips Petroleum Company	Phillips Building, Odessa, Texas 79760					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	K	24	17-S	29-E	Yes	3-1-62

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)	Oil Well <input checked="" type="checkbox"/>	Gas Well	New Well	Workover	Deepen <input checked="" type="checkbox"/>	Plug Back	Same Res't.	Diff. Res't.
Date Spudded 12-17-71	Date Compl. Ready to Prod. 2-1-72	Total Depth 3569'	P.B.T.D. 3563'					
Elevations (DF, RKB, RT, GR, etc.) 3599' DF	Name of Producing Formation San Andres	Top Oil/Gas Pay 3479'	Tubing Depth 3520'					
Perforations 3479'-3488', 3517'-3521', 3532'-3536'.			Depth Casing Shoe 3569'					
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET		SACKS CEMENT				
	8-5/8"	430'		65				
	7"	2738'		100				
	4-1/2" Liner	2703'-3569'		100				
	2 3/8"	3520						

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 Tanks 2-1-72	Date of Test 2-1-72	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 24 Hours	Tubing Pressure -	Casing Pressure -	Choke Size -
Actual Prod. During Test 58 Bbls.	Oil - Bbls. 23	Water - Bbls. 35	Gas - MCF 50

GAS WELL

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

VI. 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.

W. E. Walter
District Superintendent
February 24, 1972

OIL CONSERVATION COMMISSION

APPROVED FEB 25 1972, 19
BY For Record Only
TITLE OIL AND GAS INSPECTOR

This form is to be filed in compliance with RULE 1104.
If this is a request for allowable for a newly drilled or deepened 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 allowable on new and recompleted wells.
Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.
Separate Forms C-104 must be filed for each pool in multiply completed wells.

