

NO. OF COPIES RECEIVED		5
DISTRIBUTION		
SANTA FE		
FILE		
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OFFICE		

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

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

O. C. C.
ARTESIA, OFFICE

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)
New Well ☐ Change in Transporter of:
Recompletion ☒ Oil ☐ Dry Gas ☐
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐
Other (Please explain)

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Keely "C"	Well No. 5	Pool Name, Including Formation Grayburg & San Andres	Kind of Lease State, Federal or Fee Fed	Lease No. LC-028784-a
Location Unit Letter 0 ; 660 Feet From The South Line and 1980' Feet From The East 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"/> Havaje Refining Co., Pipe Line Division	Address (Give address to which approved copy of this form is to be sent) N. Freeman., Artesia, N.M.			
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> Phillips Petroleum Company	Address (Give address to which approved copy of this form is to be sent) Phillips Bldg., Odessa, Texas			
If well produces oil or liquids, give location of tanks.	Unit F	Sec. 25	Twp. 17S	Rge. 29E
Is gas actually connected?		When		
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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
X					X		X	
Date Spudded 4-17-72	Date Compl. Ready to Prod. 6-6-72		Total Depth 3564'		P.B.T.D. 3558'			
Elevations (DF, RKB, RT, GR, etc.) 3602'	Name of Producing Formation Grayburg & San Andres		Top Oil/Gas Pay 2400'		Tubing Depth 3510'			
Perforations 2400'-2408' 2512'-2518' 2540'-2544' 2901'-2904' 2920'-2923' 2950'-2952' 2953'-2957' 3012'-3015' 3033'-3036' 3220'-3224' 3280'-3286' 3468'-3478'					Depth Casing Shoe 3286' 3564'			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
10-3/4"	8-5/8"		434'		75 sacks			
8-1/4"	7"		2741'		100 sacks			
6-1/4"	4-1/2" Liner		2633'-3564'		150 sacks			
	2-3/8" OD BUX		3510'					

V. TEST DATA AND REQUEST FOR ALLOWABLE (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 6-13-72	Date of Test 6-13-72	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 24 Hours	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test 152 Bbls.	Oil-Bbls. 80	Water-Bbls. 72	Gas-MCF 130

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
(Signature)
(Title)

June 20, 1972
(Date)

OIL CONSERVATION COMMISSION

APPROVED **JUN 21 1972**, 19____
BY **W. A. Gressett**
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.

