| GTATE OF NEW MEXICO<br>NERGY AND MINERALS DEPARTMENT   | ·                                       |  | Form C-104<br>Revised 10-1-78                                       |
|--|---|--|---|
| ** ** 1***** ******  |   | ATION DIVISION   | RECEIVED  |
| DISTRIBUTION   | P. O. DO<br>SANTA FE, NEV               | W MEXICO 87501   |   |
| PILE ///   |   |  | JUN 24 1983   |
| LAND DFFICE  |   | R ALLOWABLE  | O. C. D.  |
| 0 A8   |   | ND<br>PORT OIL AND NATURAL GAS   | ARTEGIA, OFFICE   |
| . PADRATION DPPICE   | <u></u>                                 |  | ······································                              |
|  | Oil Company                             |  |   |
| P. O. Bo   | x 128, Loco Hills, New Mex              |  |   |
| Reason(s) for filing (Check proper b<br>New Well   | Change in Transporter of:               | Other (Please explain)<br>Change in Lease  | Namo  |
| Recompletion   |   |  |   |
| Change in Ownership X  | Casingheod Gas Conde                    | nagte  |   |
| If change of ownership give name<br>and address of previous owner  | General American Oil Co.                | of Texas, P. O. Box 128  | , Loco Hills, NM 88255  |
| I. DESCRIPTION OF WELL AN  | DLEASE                                  |  |   |
| Lease Nome<br>Keely-A  | ed 8 Grayburg-Jack                      | Son & San Andre State, Feder   |   |
| Location   | 1980 South                              | 1990   |   |
| Unit Letter;;  |   | ne and Feet From   | The East  |
| Line of Section 24   | F. mahip 17-S Range                     | 29-Е , <sub>ММРМ</sub> ,   | Eddy County   |
| I. DESIGNATION OF TRANSPO  | RTER OF OIL AND NATURAL GA              | Address (Give address to which appr  | and convolution (or in to be cent)                                  |
| Ner.e of Authorized Trensporter of C<br>Navajo Refining Compa  | any — Pipeline Division                 | P. O. Box 159 Artesia  | , New Mexico 88210  |
| Name of Authorized Transporter of (  | Casinchead Gas 🔀 or Dry Gas 🗌           | Address (Give address to which appr<br>Phillips Building Ode   |   |
| Phillips Petroleum Co<br>If well produces off or liquids,  | Unit Sec. Twp. Rge.                     | Is gas actually connected?   | hen   |
| give location of tanks.  | K 24 17S 29E                            | 1  | March 1, 1962   |
| If this production is commingled v<br>COMPLETION DATA  | with that from any other lease or pool, | New Well Workover Deepen   | Plug Back Same Res'v. Dill. Res'v.                                  |
| Designate Type of Comple   |   |  |   |
| Date Spudded   | Date Cempl. 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   |
|  |   | CENENTING DECORD   |   |
| HOLE SIZE  | CASING & TUBING SIZE                    | D CEMENTING RECORD   | SACKS CEMENT  |
|  |   |  |   |
|  |   |  |   |
| . TEST DATA AND REQUEST  | FOR ALLOWABLE Test must be a            | fier recovery of total volume of load oi   | l and must be equal to or exceed top allow-                         |
| OIL WELL<br>Date First New Oil Run To Tanks  | able for this de                        | pih or be for full 24 hours)<br>Producing Method (Flow, pump, gas  |   |
| Date furst New OII Run 10 Tunks  |   |  | Choke Size  |
| Length of Test   | Tubing Pressure                         | Casing Pressure  | X DO GIV V  |
| Actual Prod. During Test   | Oll-Bbie.                               | Water-Bbls.  | Cas-MCF   |
|  |   |  | hor Der   |
| GAS WELL   | Length of Test                          | Bbls. Condensate/MMCF  | Gravity of Condensate   |
|  |   | Cosing Pressure ( Shut-in )  | Choke Size  |
| Teening Method (pitol, back pr.)   | Tubing Presewe (Shut-in)                |  |   |
| . CERTIFICATE OF COMPLIA   | NCE                                     | DIL CONSERVA   |   |
| I hereby certify that the rules and regulations of the Oll Conservation<br>Division have been complied with and that the information given<br>above is true and complete to the best of my knowledge and belief. |   | APPROVED 2 8 1983, 19  |   |
|  |   | BYLeslie A. Clements<br>Supervisor District U  |   |
|  |   | Supervisor Date  |   |
|  | I. A.                                   | This form is to be filed in  | compliance with MULE 1104,<br>wable for a newly drilled or deepeneu |
| Lendell N. Hawkins (Signalwe)  |   | If this is a request for allowable for a newly drilled or deepened<br>well, this form must be accompanied by a tabulation of the deviation<br>tests taken on the well in accordance with NULE 111. |   |
| Field Superintendent   |   | All sections of this form must be filled out completely for allow-   |   |
| (Tule)   |   | able on new and recompleted wells.<br>Fill out only Sections I, II, III, and VI for thanges of owner,<br>well name or number, or transporter, or other such thange of condition                    |   |
| (liste)  |   |  | et he filed for work pool in multiply                               |

(Dole) 11

