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SANTA FE				
FILE			·	
U.S.G.S.				
LAND OFFICE				
TRANSPORTER	OIL			
INAMOPORIER	GAS			
OPERATOR				
			Γ	

NEW MEXICO OIL CONSERVATION COMMISSION

Form C-104

L	SANTA FE	1	REQUEST F	FOR ALLOWABLE	Supersedes Old C-104 and C-110 Effective 1-1-65			
-	FILE	ļ.		AND				
}	U.S.G.S.	+	AUTHORIZATION TO TRA	NSPORT OIL AND NATUR	RAL GAS			
-	OIL OIL				Primary and the second			
	TRANSPORTER GAS	+			RECEIVED			
ŀ	OPERATOR				, , ,			
	PRORATION OFFICE		_		JUN 2 0 1959			
•	Operator				1959			
	General American	11 (Company of Texas		0.5			
	Address				ARTEBIA, OFFICE			
ļ	Reason(s) for filing (Check prope	o H	ills, New Mexico 88255	Other (Please explain				
	New Well	er ook)	Change in Transporter of:	Office (1 reads explain	•/			
	Recompletion		Oil X Dry Gas	s 🔲				
ļ	Change in Ownership		Casinghead Gas Conden	sate				
	If change of ownership give na							
	and address of previous owner							
11.	DESCRIPTION OF WELL A	AND I	Well No. Pool Name, Including Fo	ormation Kind o	f Lease LO-ease No.			
	Keely C		28 Grayburg-Ja	State,	Federal or Fee Federal 028784-C			
	Location		40					
	Unit Letter	25	Feet From The North Line	e and 1295 Feet	From The <u>East</u>			
	,							
	Line of Section 25	Tow	vnship 17-S Range	29-E , NMPM,	<u>Eddy</u> County			
		no na	DED OF OUR AND MATERIAL CA	C				
III.	Name of Authorized Transporter	of Oil	TER OF OIL AND NATURAL GA or Condensate	Address (Give address to which	approved copy of this form is to be sent)			
			y, Pipe Line Division	North Freeman Aven	e, Artesia, New Mexico			
	Name of Authorized Transporter	of Cas	inghead Gas 🔻 or Dry Gas 🗍	Address (Give address to which	approved copy of this form is to be sent)			
	Phillips Petrolenm	Com	pany	Phillips Building.	Odessa, Texas			
;	If well produces oil or liquids,		Unit Sec. Twp. R.ge.	Is gas actually connected?	When			
:	give location of tanks.		F 25 17-S 29-E		March 1, 1962			
		ed wit	th that from any other lease or pool,	give commingling order number	er:			
IV.	COMPLETION DATA		Oil Well Gas Well	New Well Workover Dee	pen Plug Back Same Res'v. Diff. Res'v.			
	Designate Type of Com	pletio	on = (X)					
	Date Spudded		Date Compl. Ready to Prod.	Total Depth	P.B.T.D.			
				7 01/0	Tubing Depth			
	Elevations (DF, RKB, RT, GR,	etc.j	Name of Producing Formation	Top Oil/Gas Pay	Tubing Deptin			
	Perforations				Depth Casing Shoe			
	Periordions							
	TUBING, CASING, AND CEMENTING RECORD							
	HOLE SIZE		CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT			
_			OD ALLOWART E	fra annual of the 1 1	and ail and must be equal to as exceed ton allow-			
V.	TEST DATA AND REQUE	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 Tan	ks	Date of Test	Producing Method (Flow, pump	, gas lift, etc.)			
					Challe Circ			
	Length of Test		Tubing Pressure	Casing Pressure	Choke Size			
			Oil-Bbls.	Water-Bbls.	Gas-MCF			
	Actual Prod. During Test		OII-BDIS.					
	GAS WELL							
	Actual Prod. Test-MCF/D		Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate			
				Casing Pressure (Shut-in)	Choke Size			
	Testing Method (pitot, back pr.,)	Tubing Pressure (Shut-in)	Cdsing Pressure (andc-12)	Chora biza			
VI CERTIFICATE OF COMPLIANCE OIL CONSERVATION COMMISSION					ERVATION COMMISSION			
VI. CERTIFICATE OF COMPLIANCE I hereby certify that the rules and regulations of the Oil Conservation APPROVED APPROVED			FLAV HOLL COMMISSION					
			regulations of the Oil Consequation	APPROVED				
	Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.			Gressett				
	above is true and complete	to the	e best of my knowledge and belief.	BY OU, CI,	Commence of the Commence			
				TITLE	<u> </u>			

21 6 4 2/ter_	W.E. Walter
(Signature)	

District Superintendent (Title)

May 29, 1969

(Date)

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.