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1	NO. OF COPIES RECI	EIVED	6								
	DISTRIBUTIO										
	SANTA FE	/									
1.	FILE	7-									
	U.S.G.S.										
	LAND OFFICE										
	IRANSPORTER	OIL	\mathcal{I}								
	IRANSPORTER	GAS	1								
	OPERATOR	2									
	PRORATION OF										
	Operator										
	General American O										
	Address										
	P. G. B	ex 41	6, L	00							
	Reason(s) for filing (Check proper box.										
	New We!!	Щ									
	Recompletion	Щ									
	Change in Ownership	·∐									

August 8, 1967

(Date)

NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE AND

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

	U.S.G.S.	 		AUTH	HORIZ	ATIO	N TO TR	ANSPOR	T OIL	. AND NA	TURAL G	AS						
	LAND OFFICE	+,											ERE	7 17 60	7			
	TRANSPORTER GAS	1													υ			
	PRORATION OFFICE	2										<i>[</i> -	1001	1.1937				
1.	Operator	·											K. S.	· ·				
	General Amer	ies:	n 011	Compa	my of	f Ter	CRS /					A.O.	i i is in the					
	Address	_										- 127	r i Gir					
	P. G. Box 41 Reason(s) for filing (Check	16,	box	Hills,	Xev	Hex	co		Othe	r (Please e:	rplain)							
	New We!!	ргорег	002)	Change	in Tran	sporter	of:			., (
	Recompletion			Oil			Dry G	as 🔲										
	Change in Ownership			Casing	head Ga	s	Conde	nsate		Battery	Relco	tion.						
	If change of ownership given and address of previous or											 						
II.	DESCRIPTION OF WEI	LL A	ND LE	EASE														
	Lease Name			Well N	İ		Including l				ind of Lease			LC_eas				
	Keely C			23	Cr	caybu	ng-Jac	cson		5	tate, Federa	l or ree	ederal	0287	54-C			
	Location		440			•	outh Li	,	660	,	Feet From	er 🛍	lest					
	Unit Letter	_ <i>;</i>	660	Feet F	From The	e *		ne ana			reet From	ne						
	Line of Section 25	3	Towns	ship	17-5	3	Range	29.	-E	, NMPM,		<u> </u>	ddy	c	County			
								• •										
III.	DESIGNATION OF TRA	ANSP	f Oil	R OF OI	Conden			Address	s (Give	address to	which appro	ved copy of	this form is	to be sen	t) :			
	Continental	Pip	Lis	e Camp	ANY		_	Ber	rth I	Teaman	Avenue.	Artesi	py of this form is to be sent) tesia. Hew Mexico py of this form is to be sent)					
	Name of Authorized Transp	orter o	f Casin	ghead Gas	- (or Dry	Gas 🗌	Addres	s (Give	address to	which appro	ved copy of	this form is	to be sen	1)			
	Phillips Pet	rol				т=	- 15			y connected	Wh.		-Oklai	14014	مبريد			
	If well produces oil or liqui	ds,	ָ ^י נ	Jnit ; S	Sec.	Twp.	Rge. -S 29-1	1 -	actually Yes	-	, I M.U.		1, 190	49				
	give location of tanks.				25							Max 4 a	4, 17	16				
IV	If this production is comm COMPLETION DATA	ingle	d with	that from	any oth	ner lea	se or pool	, give cor	nmıngı	ing order n	umber:							
•••		~	1-4:	(Y)	Oll We	e11	Gas Well	New We	=11 V	Vorkover	Deepen	Plug Back	Same Re	es'v. Diff	. Res'v.			
	Designate Type of (omp			<u> </u>			Total D)			P.B.T.D.	1	!				
	Date Spudded		1	Date Compl	несау	to Pro	α.	1 Otd1 L	Jeptn			1.6.1.5.						
	Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation								Top Oil/Gas Pay				epth					
	Perforations	Perforations								Depth Casing Shoe								
								ID CEME	CEMENTING RECORD DEPTH SET SACKS CEME									
	HOLE SIZE		CASING & TUBING SIZE			-	DEPTH SET											
												<u> </u>						
								ــــــــــــــــــــــــــــــــــــــ			-	<u> </u>						
V.	TEST DATA AND REC	QUES	T FOI	R ALLOV	NABLE	\subseteq (Te	est must be le for this	after recordepth or be	very of for ful	total volum ll 24 hours)	of load oil	and must be	equal to or	· exceed to	op allow			
	OIL WELL Date First New Oil Run To	Tank	9 1	Date of Te	st				Producing Method (Flow, pump, gas lift, etc.)									
												1 5						
	Length of Test			Tubing Pressure				Casing	Casing Pressure			Choke Size						
Actual Prod. During Test				Oil-Bbls.					Water-Bbls.			Gas - MCF						
	Actual Prod. During 1 est																	
															_			
	GAS WELL							Dhia (Candan	sate/MMCF		Gravity	f Condensa	<u></u>				
	Actual Prod. Test-MCF/D	•]	Length of 7	l'est			BB18. \	Conden	BG(6) MMCF		G. G. G.						
	Testing Method (pitot, bac	k pr.)		Tubing Pre	ssure (Shut-i	in)	Casing	Press	ure (Shut-	in)	Choke Si	Z O					
VI.	VI. CERTIFICATE OF COMPLIANCE							OIL C	ONSERVA AUG 2	11967	OMMISSI	ON						
	I hereby certify that the	hereby certify that the rules and regulations of the Oil Conservation ommission have been complied with and that the information given bove is true and complete to the best of my knowledge and belief.						1 11	AFFROVED									
	- C Land Land Land																	
	•							 TITI	LE	nn and	8,13 11 so	ایا این این این این این این این این این						
			,								be filed in							
	JENatte W. E. Welter (Signature)					• II				mahla for a	newly dri	illed or de	eepened					
							well	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.										
	Distric	District Superintendent							All se	ections of t	his form m	ust be fille	d out com	pletely fo	or allow			
(Title)							eble	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.