

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

RECEIVED

AUG 10 1972

Operator <b>General American Oil Company of Texas</b>	
Address <b>P. O. Box 416, Loco Hills, New Mexico 88255</b>	
Reason(s) for filing (Check proper box)	
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

Lease Name <b>Keely "C"</b>		Well No. <b>42</b>	Pool Name, including Formation <b>Grayburg &amp; San Andres</b>	Kind of Lease State, Federal or Fee	Lease No. <b>LC-028784-C</b>
Location Unit Letter <b>F</b> : <b>1345'</b> Feet From The <b>North</b> Line and <b>1345'</b> Feet From The <b>West</b>					
Line of Section <b>25</b> Township <b>17-S</b> Range <b>29-E</b> , NMPM, <b>Eddy</b> County					

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)			
<b>Navajo Refining Co., Pipeline Division</b>		<b>N. Freeman Ave., Artesia, New Mexico</b>			
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)			
<b>Phillips Petroleum Co.</b>		<b>Phillips Building, Odessa, Texas</b>			
If well produces oil or liquids, give location of tanks.	Unit <b>F</b>	Sec. <b>25</b>	Twp. <b>17-S</b>	Rge. <b>29-E</b>	Is gas actually connected? When <b>Yes 3-1-1962</b>

If this production is commingled with that from any other lease or pool, give commingling order number:

Designate Type of Completion - (X)		Oil Well <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input checked="" type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'v. <input type="checkbox"/>	Diff. Res'v. <input type="checkbox"/>
Date Spudded <b>6-3-72</b>	Date Compl. Ready to Prod. <b>7-28-72</b>	Total Depth <b>3563'</b>		P.B.T.D. <b>3557'</b>					
Elevations (DF, RKB, RT, GR, etc.) <b>3602' DF</b>	Name of Producing Formation <b>Grayburg &amp; San Andres</b>	Top Oil/Gas Pay <b>2450'</b>		Tubing Depth <b>3510'</b>					
Perforations <b>2450'-2457', 2560'-2568', 2744'-2748', 2950'-2952', 2981'-2983', 3002'-3004', 3089'-3094', 3290'-3294', 3350'-3354'</b>		Depth Casing Shoe <b>3563'</b>							
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT				
<b>10"</b>	<b>8-5/8"</b>		<b>437'</b>		<b>50</b>				
<b>7-7/8"</b>	<b>7"</b>		<b>2525'</b>		<b>100</b>				
<b>6-1/4"</b>	<b>4-1/2" liner</b>		<b>2493' 3563'</b>		<b>214</b>				
	<b>2-3/8" OD EUE</b>		<b>3510'</b>						

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 <b>8-1-72</b>	Date of Test <b>8-1-72</b>	Producing Method (Flow, pump, gas lift, etc.) <b>Pumping</b>	
Length of Test <b>24 Hours</b>	Tubing Pressure <b>64</b>	Casing Pressure <b>50</b>	Choke Size
Actual Prod. During Test <b>114 barrels</b>	Oil-Bbls.	Water-Bbls.	Gas-MCF

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		OIL CONSERVATION COMMISSION	
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.		APPROVED <b>AUG 10 1972</b> , 19	
BY <b>W. E. Walter</b>		BY <b>W. E. Walter</b>	
TITLE <b>OIL AND GAS</b>		TITLE <b>OIL AND GAS</b>	
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 recompleted wells.			

**W. E. Walter**  
(Signature)  
**District Superintendent**  
(Title)  
**August 9, 1972**  
(Date)