

DISTRIBUTION		5
SANTA FE		1
FILE		1
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	1
	GAS	1
OPERATOR		1
PRORATION OFFICE		

NEW MEXICO OIL CONSERVATION COMM. ON
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS
RECEIVED

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

SEP 21 1972

Operator General American Oil Company of Texas		O. C. C. ARTESIA, OFFICE	
Address P. O. Box 416, Loco Hills, New Mexico 88255			
Reason(s) for filing (Check proper box)		Other (Please explain)	
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 _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name Keely "B"	Well No. 8	Pool Name, including Formation Grayburg & San Andres	Kind of Lease State, Federal or Fee	Lease No. LC-028784-93(b)
Location Unit Letter H ; 1980 Feet From The North Line and 660' Feet From The East Tr. A				
Line of Section 26 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"/> Navajo Refining Company - Pipe Line Division	Address (Give address to which approved copy of this form is to be sent) N. Freeman, Artesia, New Mexico 88210					
Name of Authorized Transporter of Casinghead Gas <input checked="" 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 Building, Odessa, Texas					
If well produces oil or liquids, give location of tanks.	Unit D	Sec. 26	Twp. 17-S	Rge. 29-E	Is gas actually connected? Yes	When March, 1, 1962

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 <input checked="" type="checkbox"/>	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded 5-17-72	Date Compl. Ready to Prod. 6-23-72	Total Depth 3542'	P.B.T.D. 3536' 3400'					
Elevations (DF, RKB, RT, GR, etc.) 3579' DF	Name of Producing Formation Grayburg & San Andres	Top Oil/Gas Pay 2403'	Tubing Depth 3495'					
Perforations 2403-11', 2478-81', 2514-18', 2549-53', 2678-81', 2692-96', 2930-33', 2954-58', 3052-56', 3078-81', 3252-56', 3304-08', 3446-49'			Depth Casing Shoe 3542'					
TUBING, CASING, AND CEMENTING RECORD 3482-88'								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
10-3/4"	8-5/8"	416'	150					
7-7/8"	7"	2800'	100					
6-1/4"	4-1/2" Liner	2776'-3542'	145					

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 8-19-72	Date of Test 9-5-72	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 24 hours	Tubing Pressure -	Casing Pressure -	Choke Size -
Actual Prod. During Test 140 Bbls.	Oil-Bbls. 40	Water-Bbls. 100 Load	Gas-MCF 50

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.

Roy Crow
Roy Crow (Signature)
Asst. District Superintendent
(Title)
September 20, 1972
(Date)

OIL CONSERVATION COMMISSION

APPROVED SEP 25 1972, 19____
BY W. A. Gussert
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.