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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

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MAY 11 1966

Operator <b>General American Oil Company of Texas</b>		O. C. C. ARTESIA, OFFICE
Address <b>P. O. Box 416, Loco Hills, New Mexico</b>		
Reason(s) for filing (Check proper box) New Well <input type="checkbox"/> Recompletion <input type="checkbox"/> Change in Ownership <input type="checkbox"/>		Other (Please explain) <b>Change lease name from Keely C and location of battery.</b>
Change in Transporter of: Oil <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Dry 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				LC-028784-c
Lease Name <b>Grayburg-Keely Unit, Tr. NE</b>	Well No. <b>1</b>	Pool Name, Including Formation <b>Grayburg-Jackson</b>	Kind of Lease State, Federal or Fee	<b>Federal</b>
Location Unit Letter <b>D</b> ; <b>330</b> Feet From The <b>North</b> Line and <b>990</b> Feet From The <b>West</b> Line of Section <b>26</b> , Township <b>17-S</b> Range <b>29-E</b> , NMPM, <b>Eddy</b> 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"/> <b>Continental Pipe Line Company</b>		Address (Give address to which approved copy of this form is to be sent) <b>P O Box 410, Artesia, New Mexico</b>		
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> <b>Phillips Petroleum Company</b>		Address (Give address to which approved copy of this form is to be sent) <b>Bartlesville, Oklahoma</b>		
If well produces oil or liquids, give location of tanks.	Unit <b>N</b>	Sec. <b>23</b>	Twp. <b>17-S</b>	Rge. <b>29-E</b>
Is gas actually connected?		When <b>3-1-62</b>		

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 type="checkbox"/> Gas Well <input type="checkbox"/> New Well <input type="checkbox"/> Workover <input type="checkbox"/> Deepen <input type="checkbox"/> Plug Back <input type="checkbox"/> Same Res <sup>h</sup> v. <input type="checkbox"/> Diff. Res <sup>h</sup> v. <input type="checkbox"/>
Date Spudded	Date Compl. Ready to Prod.
Pool	Name of Producing Formation
Perforations	Top Oil/Gas Pay
Tubing Depth	
Depth Casing Shoe	
TUBING, CASING, AND CEMENTING RECORD	
HOLE SIZE	CASING & TUBING SIZE
DEPTH SET	
SACKS CEMENT	

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	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	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
Casing Pressure	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>MAY 11 1966</b> , 19
<b>R. J. Teard</b> (Signature) <b>District Superintendent</b> (Title)		BY <b>M. L. Armstrong</b>
<b>May 10, 1966</b> (Date)		TITLE <b>OIL FIELD CLOSURE</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 Sections I, II, III, and VI only 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.