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SANTA FE			
FILE			
U.S.G.S.			
LAND OFFICE	AND OFFICE		
TRANSPORTER	OIL	1	
	GAS	/	
OPERATOR		2	
PRORATION OFFICE			

May 29, 1969

(Date)

NEW MEXICO OIL CONSERVATION COMMISSION

Form C-104 Supersedes Old C-104 and C-110

FILE	1		REQUEST FOR ALLOWABLE Superseurs of the C-104 and					
U.S.G.S.		AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS						
LAND OFFICE					, · · · · · · · · · · · · · · · · · ·		RECE	· • • • • • • • • • • • • • • • • • • •
TRANSPORTER GAS	//							_
OPERATOR PRORATION OFFICE	2						JUN 2 0	1969
Operator	047	Co	m /			N.	D. C.	C.
General Ameri	can Ui	company of	TOTAL				ARTESIA, D	FFICE
P. O. Box 416	Loco	Hills, New 1	Mexico 8825	5	04-20			
Reason(s) for filing (Check)	proper box)	Change in Tra	nsporter of:	1	Other (Please	explain)		
Recompletion		Oil	Dry Go	ıs 🔲				
Change in Ownership	· •	Casinghead G	conder	nsate 🔲		· · · · · · · · · · · · · · · · · · ·		
If change of ownership giv and address of previous ow								
II. DESCRIPTION OF WEL	L AND L		Name, Including F	or ation		Kind of Leas		, and Ma
Lease Name		12		_		State, Feder		LCease No.
Keely B			Grayburg-1	ackson_		L	190,010	(b) Tr.
Unit Letter P	: <u>660</u>	Feet From Th	e South Lin	ne and	660	Feet From	TheEast	₹₩/ ** #
Line of Section	Town	nship 17_S	Range	30P	, NMPM	,	Eddy	County
Line of Section 26	1041	17-S	. range	Cimb	, 141012 101	•	rauf	County
II. DESIGNATION OF TRA Name of Authorized Transpo					Give address	to which appr	oved copy of this form	n is to be sent)
Nevaja Rofining (Ompany	Pipe Line	Division	North	Freemen	Averate .	Artesia Nov	Mercico
Phillips Petrolet		a yrvy		Ph4114		iing. Ode		
If well produces oil or liquid give location of tanks.	ls,	Unit Sec.	Twp. Rge.	Is gas acti		ag , w	Manach 3	3060
If this production is commi	ingled with	B 26 that from any ot	her lease or pool,	give commi	ingling order	number:	March 1,	1962
Designate Type of C	ompletion) - (X)	ell Gas Well	New Well	Workover	Deepen	Plug Back Same	Res'v. Diff. Res'v
Designate Type of C	ompietion	Date Compl. Ready	to Prod.	Total Dept	th .		P.B.T.D.	
Date Spudded		Date Compr. Read	, to Flou.	Total Depi				
Elevations (DF, RKB, RT, G	R, etc.)	Name of Producing	Formation	Top Oil/G	as Pay		Tubing Depth	-
Perforations	I						Depth Casing Sho	е
		TUBI	NG, CASING, AN	CEMENT	ING RECOR	D	1	
HOLE SIZE		CASING &	TUBING SIZE		DEPTH SI	ET	SACKS	CEMENT
			·					
				1			<u> </u>	
V. TEST DATA AND REQ OIL WELL		R ALLOWABLI	E (Test must be a able for this de	epth or be for	r full 24 hours	1)	l and must be equal to	o or exceed top allou
Date First New Oil Run To	Tanks	Date of Test		Producing	Method (Flou	o, pump, gas l	ift, etc.)	
Length of Test		Tubing Pressure		Casing Pr	essure		Choke Size	
Actual Prod. During Test		Oil-Bbls.		Water - Bbl			Gas-MCF	
GAS WELL				· ·				
Actual Prod. Test-MCF/D		Length of Test		Bbls. Con	densate/MMC	F	Gravity of Conder	nsate
Testing Method (pitot, back	pr.)	Tubing Pressure (shut-in)	Casing Pro	essure (Shut	-in)	Choke Size	
VI. CERTIFICATE OF CO!	. CERTIFICATE OF COMPLIANCE				CONSERV	ATION COMMIS	SION	
I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given		APPRO	VED T	7 4	1 - 1 1 2 2			
above is true and comple	ete to the	best of my know	vledge and belief.	BY	W.C	11 K 011 1	NO BAS INSPECT	08
				TITLE		ha 611-3 1-	compliance mist -	11) F 1104
MEHa	(Signa	W. E.	Welter	If t	his is a req	uest for allo	compliance with F wable for a newly anied by a tabulati	drilled or deepene
(Signature) District Superintendent (Title)			tests to	ken on the	well in acc	ordance with RULE ust be filled out co	£ 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.