

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

AUG 7 1972

Operator General American Oil Company of Texas		O. C. C.	
Address P. O. Box 416, Loco Hills, New Mexico 88255		ARTESIA, OFFICE	
Reason(s) for filing (Check proper box) New Well Recompletion <input checked="" type="checkbox"/> Change in Ownership <input type="checkbox"/>		Other (Please explain) Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <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 Burch "A"		Well No. 10	Pool Name, including Formation Grayburg-Jackson & San Andres	Kind of Lease LC	Lease No. 028793-A
Location Unit Letter A : 990 Feet From The North Line and 330 Feet From The East Line of Section 19 Township T-17S Range R-30E , NMPM, Eddy County					

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/> Navajo Refining Company		Address (Give address to which approved copy of this form is to be sent) N. Freeman, Artesia, N. M.				
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 E	Sec. 19	Twp. T-17S	Rge. R-30E	Is gas actually connected? yes	When 3-1-62

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

Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
X		X				X		X	
Date Spudded 5-12-72	Date Compl. Ready to Prod. 6-23-72		Total Depth 3678'		P.B.T.D. 3672'				
Elevations (DF, RKB, RT, GR, etc.) 3633' DF	Name of Producing Formation Grayburg & San Andres		Top Oil/Gas Pay 2488'		Tubing Depth 3625'				
Perforations 2488'-2496', 2611'-2617', 2641'-2644', 2784'-2788', 3282'-3286', 3330'-3334', 3436'-3442', 3499'-3502', 3594'-3597', 3608'-3613'				Depth Casing Shoe 3678'					
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE 10-3/4"	CASING & TUBING SIZE 8-5/8"		DEPTH SET 487'		SACKS CEMENT 50				
8-1/4"	7"		2899'		100				
6-1/4"	4-1/2" liner		2868'-3678'		250				

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 8-1-72	Date of Test 8-1-72	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 24 Hours	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test 95 Bbls.	Oil - Bbls. 15	Water - Bbls. 80 Load	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	
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.	
W. E. Walter (Signature) District Superintendent (Title) August 4, 1972 (Date)	

OIL CONSERVATION COMMISSION AUG 7 1972	
APPROVED	19
BY For Record Only OIL AND GAS INSPECTOR	
TITLE	
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.	