

U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL GAS
OPERATOR	
PRODUCTION OFFICE	

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

RECEIVED

FEB 26 1973

Operator
General Operating Company ARTESIA, OFFICE

Address
P. O. Box 277, Wichita Falls, Texas 76307

Reason(s) for filing (Check proper box)

New Well ☐ Change in Transporter of:
Recompletion ☐ Oil ☐ Dry Gas ☐
Change in Ownership ☒ Casinghead Gas ☐ Condensate ☐

Other (Please explain)

Change of Unit Operator from Anadarko
Production Company to General Operating
Company effective February 1, 1973.

If change of ownership give name and address of previous owner Grayburg Jackson Unit Working Interest Owners with Anadarko Production Company, 2 Greenway Plaza East, Suite 410, Houston, Texas 77046 Unit Operator.

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Grayburg Jackson Unit Tract 13	Well No.	6	Pool Name, Including Formation	Grayburg Jackson Q-G-SA	Kind of Lease	State, Federal or Fee	Federal	Lease No.	LC-03057
Location										
Unit Letter K ; 1980 Feet From The South Line and 1980 Feet From The West										
Line of Section 25 Township 17 South Range 30 East , 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"/>	Address (Give address to which approved copy of this form is to be sent)								
Texas-New Mexico Pipe Line Company	P. O. Box 1510, Midland, Texas 79701								
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)								
If well produces oil or liquids, give location of tanks. 2nd		Unit P	Sec. 22	Twp. 17S	Rge. 30E	Is gas actually connected?	No	When	

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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res't.	Diff. Res't.
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay			Tubing Depth			
Perforations						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 (shut-in)	Casing Pressure (shut-in)	Choke Size

OF COMPLIANCE

Oil Conservation
Commission given
and belief.

C. W. Lumbhoff

(Signature)

Partner

(Title)

February 16, 1973

(Date)

OIL CONSERVATION COMMISSION

APPROVED FEB 27 1973

BY

W. A. Gressett

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 multiple completed wells.

