

FILE		
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OFFICE		

AND
THORIZATION TO TRANSPORT OIL AND NATURAL GAS
RECEIVED

Effective 1-1-65

FEB 26 1973

I.

Operator	General Operating Company		O. O. C.
Address	ARTESIAL OFFICE		
P. O. Box 877, Wichita Falls, Texas 76307			
Reason(s) for filing (Check proper box)	Other (Please explain)		
New Well <input type="checkbox"/>	Change in Transporter of:	Change of Unit Operator from Anadarko	
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/>	Production Company to General Operating	
Change in Ownership <input checked="" type="checkbox"/>	Casinghead Gas <input type="checkbox"/>	Company effective February 1, 1973.	
	Dry Gas <input type="checkbox"/>		
	Condensate <input type="checkbox"/>		

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 6A	Well No.	1	Pool Name, Including Formation	Grayburg Jackson Q-G-SA	Kind of Lease	State, Federal or Fee	Federal	Lease No.	LC-028992
Location	(b)									
Unit Letter	M	990	Feet From The	South	Line and	330	Feet From The	West		
Line of Section	26	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 type="checkbox"/>	or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)				
Water Injection Well						
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.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	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'v.	Diff. Res'v.
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 (pilot, 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.

C. W. Lumbhoff

(Signature)

Partner

(Title)

February 16, 1973

(Date)

OIL CONSERVATION COMMISSION

FEB 27 1973

APPROVED

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 multiply completed wells.