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NEW MEXICO OIL CONSERVATION COMMISSION

MAR 7 - 1979

O. C. C.
ARTESIA, OFFICE

Form C-103
Supersedes Old
C-102 and C-103
Effective 1-1-65

SUNDRY NOTICES AND REPORTS ON WELLS <small>(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT -" (FORM C-101) FOR SUCH PROPOSALS.)</small>		5a. Indicate Type of Lease State <input type="checkbox"/> Federal Fee <input type="checkbox"/>
1. <input type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER- Injection well		5. State Oil & Gas Lease No.
2. Name of Operator General Operating Company		7. Unit Agreement Name Grayburg Jackson Unit
3. Address of Operator Suite 1007, Ridglea Bank Bldg. - Fort Worth, Texas 76116		8. Farm or Lease Name Tr. 12
4. Location of Well UNIT LETTER <u>F</u> <u>1980</u> FEET FROM THE <u>N</u> LINE AND <u>1980</u> FEET FROM THE <u>W</u> LINE, SECTION <u>26</u> TOWNSHIP <u>17 S</u> RANGE <u>30 E</u> NMPM.		9. Well No. Tr. 12 - 1
15. Elevation (Show whether DF, RT, GR, etc.)		10. Field and Pool, or Wildcat Grayburg Jackson (SR.Q.C.S.)
12. County Eddy		

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:

PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input type="checkbox"/>	
		OTHER <u>Casing Leak Survey</u> <input checked="" type="checkbox"/>	

17. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

Casing clamps with 2" brought to surface.

18. I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNED John R. Spencer TITLE Agent DATE March 7, 1979

APPROVED BY Mike Williams TITLE OIL AND GAS INSPECTOR DATE _____

CONDITIONS OF APPROVAL, IF ANY:

AND

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

RECEIVED

FEB 26 1973

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

Operator General Operating Company / O.C.C. ARTESIA, OFFICE	
Address P. O. Box 877, Wichita Falls, Texas 76307	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input type="checkbox"/>	Change of Unit Operator from Anadarko Production Company to General Operating Company effective February 1, 1973.
Recompletion <input type="checkbox"/>	
Change in Ownership <input checked="" type="checkbox"/>	
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 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 12	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 Unit Letter <u>F</u> ; <u>1980</u> Feet From The <u>North</u> Line and <u>1980</u> Feet From The <u>West</u> Line of Section <u>26</u> Township <u>17 South</u> Range <u>30 East</u> , NMPM, <u>Eddy</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/> Water Injection Well	Address (Give address to which approved copy of this form is to be sent)	
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 (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.

C. W. Stambhoff

(Signature)

Partner

(Title)

February 16, 1973

(Date)

OIL CONSERVATION COMMISSION

FEB 27 1973

APPROVED

BY

W. A. Gressett

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.