AND عادا THORIZATION TO TRANSPORT OIL AND TURAL GAS U.S.G.5. LAND OFFICE RECEIVED OIL TRANSPORTER G AS FEB 2 6 1973 **OPERATOR** PROBATION OFFICE Operator O. C. C. General Operating Company . ARTESIA, OFFICE P. O. Box 877, Wichita Falls, Texas 76307 Other (Please explain) Reason(s) for filing (Check proper box) Change of Unit Operator from Anadarko Change in Transporter of: New Well Production Company to General Operating Dry Gas OH Recompletion Company effective February 1, 1973. Casinghead Gas Condensate Change in Ownership XIf change of ownership give name Grayburg Jackson Unit Working Interest Owners with Anadarko Production Company, 2 Greenway Plaza East, Suite 110, Houston, Texas 77016 Unit and address of previous owner ___ Operator. II. DESCRIPTION OF WELL AND TEASE Lease Name | Well No. | Pool Name, Including Formation Lease No. Kind of Lease Grayburg Jackson LC-030570 State, Federal or Fee Federal Grayburg Jackson Q-G-SA Unit Tract 13 (b) Location _ Feet From The <u>South</u> Line and <u>1980</u> East Feet From The Eddy 30 East , NMPM, County 17 South Range 26 Township Line of Section III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS | Name of Authorized Transporter of Oil | X | or Condensate | | Address (Give address to which approved copy of this form is to be sent) P. O. Box 1510, Midland, Texas 79701 Address (Give address to which approved copy of this form is to be sent) Texas-New Mexico Pipe Line Company Name of Authorized Transporter of Casinghead Gas or or Dry Gas Is gas actually connected? Unit Sec. Twp. P.ge. No Lact P : 22 17S ! 30E give location of tanks. If this production is commingled with that from any other lease or pool, give commingling order number: IV. COMPLETION DATA Same Res'v. Diff. Res'v. Workover Gas Well New Well Designate Type of Completion - (X) P.B.T.D. Total Depth Date Compl. Ready to Prod. Date Spudded Tubing Depth Top Oil/Gas Pay Name of Producing Formation Elevations (DF. RKB, RT, GR, etc.) Depth Casing Shoe Perforations TUBING, CASING, AND CEMENTING RECORD SACKS CEMENT DEPTH SET CASING & TUBING SIZE HOLE SIZE (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) V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL Producing Method (Flow, pump, gas lift, etc.) Date First New Oil Run To Tanks Date of Test Choke Size Casing Pressure Tubing Pressure Length of Test Gas - MCF Water - Bbls. Actual Prod. During Test Oil - Bbls. **GAS WELL** Gravity of Condensate Bbls. Condensate/MMCF Length of Test Actual Prod. Test-MCF/D

VI. CERTIFICATE OF COMPLIANCE

Testing Method (pitot, back pr.)

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.

Tubing Pressure (Shut-in)

C. w. Sumbolo
(Signature)
Partner
(Tule)

February 16, 1973

OIL CONSERVATION COMMISSION

Choke Size

APPROVED FEB 27 1973

TITLE OIL AND GAS INSPECTOR

Casing Pressure (Shut-in)

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 much 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 allow able 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.