

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

FORM APPROVED
Budget Bureau No. 1004-0135
Expires: March 31, 1993

SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill or to deepen or reentry to a different reservoir.
Use "APPLICATION FOR PERMIT—" for such proposals.

RECEIVED

SUBMIT IN TRIPLICATE

JAN 31 1991

1. Type of Well

☒ Oil Well ☐ Gas Well ☐ Other

2. Name of Operator

General Operating Company

3. Address and Telephone No.

P.O. Box 877, Wichita Falls, TX 76307-0877; (817)767-4801

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)

NESE, Sec. 27, T.17S., R.30E.
Tract 7B, No. 2

2310' FSL / 330' FEL

O. C. D.
ARTESIA OFFICE

5. Lease Designation and Serial No.

8910085020

6. If Indian, Allottee or Tribe Name

LC-028992-A

7. If Unit or CA, Agreement Designation

Grayburg Jackson Unit

8. Well Name and No.

Grayburg Jackson 7B-2

9. API Well No.

NA

10. Field and Pool, or Exploratory Area

Grayburg Jackson

11. County or Parish, State

Eddy County, New Mexico

12. CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION

- ☒ Notice of Intent
☐ Subsequent Report
☐ Final Abandonment Notice

TYPE OF ACTION

- ☐ Abandonment
☐ Recompletion
☐ Plugging Back
☐ Casing Repair
☐ Altering Casing
☒ Other test casing
☐ Change of Plans
☐ New Construction
☐ Non-Routine Fracturing
☐ Water Shut-Off
☐ Conversion to Injection
☐ Dispose Water

(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

13. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)*

Will preform casing pressure test. If test passes well will be activated or temporarily abandoned. If test fails, well will be permanently plugged.

RECEIVED
JAN 28 11 07 AM '91
O&G
ARTESIA OFFICE

14. I hereby certify that the foregoing is true and correct

Signed Thomas Alan

Title Superintendent

Date 1-24-91

(This space for Federal or State office use)

Approved by _____
Conditions of approval, if any:

Title _____

Date 1/30/91



LTR



Job separation sheet

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LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
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NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

RECEIVED BY TRANSPORT OIL AND NATURAL GAS
SEP -3 1986
O. C. D.
ARTESIA OFFICE

I. Operator
GENERAL OPERATING COMPANY
Address
SUITE 303, FIRST NATIONAL BANK BLDG., ARTESIA, NM 88210
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)

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE
Lease Name GJ Unit Tract 7B Well No. 2 Pool Name, Including Formation Seven River Kind of Lease FED
State, Federal or Fee Fee Lease No. LC028992a
Location
Unit Letter T : 2310 Feet From The South Line and 330 Feet From The East
Line of Section 27 Township 17 Range 30, NMPM, Eddy County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS
Name of Authorized Transporter of Oil ☒ or Condensate ☐
Navajo Refining Company Address (Give address to which approved copy of this form is to be sent)
P.O. Drawer 159, Artesia, NM 88210
Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐
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 P Sec. 22 Twp. 17 Rge. 30 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
Post ID-3
9-5-86
Chg. WT: TMM

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.
Sammy Klein
(Signature)
H & S OIL COMPANY AGENT
(Title)
9-2-86
(Date)

OIL CONSERVATION COMMISSION
SEP 10 1986
APPROVED _____, 19____
Original Signed By
BY Les A. Clements
Supervisor District II
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.