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|------------------|-----|---|--|
| DISTRIBUTION | | | |
| SANTA FE | | 1 | |
| FILE | | 1 | |
| U.S.G.S. | | | |
| LAND OFFICE | | | |
| TRANSPORTER | OIL | 1 | |
| | GAS | | |
| OPERATOR | | | |
| PRORATION OFFICE | | | |

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS
RECEIVED

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

JAN 11 1974

| | | | |
|--|---|---|--|
| Operator General American Oil Company of Texas | | O. C. C. ARTESIA, OFFICE | |
| Address P. O. Box 416 Loco Hills, New Mexico 88255 | | | |
| Reason(s) for filing (Check proper box) | | Other (Please explain) | |
| New Well <input type="checkbox"/> | Change In Transporter of: | Change of well name from G. J. P. S. Unit, Tr. MB-1 due to recompletion in Fren Pool | |
| Recompletion <input checked="" type="checkbox"/> | Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> | | |
| Change In Ownership <input type="checkbox"/> | Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/> | | |

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

| | | | | |
|---|----------------------|--|---|------------------------------|
| Lease Name Maddren "B" | Well No. 1 | Pool Name, including Formation Fren Seven Rivers | Kind of Lease State, Federal or Fee Fed. NM | Lease No. -0467934 |
| Location Unit Letter M ; 990 Feet From The South Line and 330 Feet From The West Line of Section 27 Township 17-S Range 30-E , 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"/> Navajo Refining Co. Pipe Line Division | Address (Give address to which approved copy of this form is to be sent) Freeman Avenue Artesia, New Mexico 88210 | | | |
| 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 M | Sec. 27 | Twp. 17S | Rge. 30E |
| | Is gas actually connected? | | When | |
| | No | | | |

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 <input checked="" type="checkbox"/> | Gas Well | New Well | Workover | Deepen | Plug Back | Same Res'v. | Diff. Res'v. |
| Date Spudded | Date Compl. Ready to Prod. December 15, 1973 | | Total Depth 3265' | | P.B.T.D. 2784' | | | |
| Elevations (DF, RKB, RT, GR, etc.) 3631' DF | Name of Producing Formation Seven Rivers | | Top Oil/Gas Pay 2023' | | Tubing Depth 2000' | | | |
| Perforations 2023'-2029' (13 Holes) | | | | | Depth Casing Shoe 2900' | | | |
| TUBING, CASING, AND CEMENTING RECORD | | | | | | | | |
| HOLE SIZE | CASING & TUBING SIZE | | DEPTH SET | | SACKS CEMENT | | | |
| | 8-1/4" 32# | | 535' | | 50 | | | |
| | 7" 20# | | 2900' | | 100 | | | |
| | 2-1/2" EUE | | 2000' | | | | | |

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 December 21, 1973 | Date of Test January 8, 1974 | Producing Method (Flow, pump, gas lift, etc.) Pumping | |
| Length of Test 24 hours | Tubing Pressure | Casing Pressure | Choke Size |
| Actual Prod. During Test 17 barrels | Oil-Bbls. 14 | Water-Bbls. 3 Load Water | Gas-MCF TSTM |

Well does not make enough gas to lay gathering line.

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.

W. E. Walter (Signature)
W. E. Walter
District Superintendent
(Title)
January 10, 1974
(Date)

OIL CONSERVATION COMMISSION
JAN 11 1974
APPROVED _____, 19____
BY W. A. Gussert
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.