			-
	NO. OF COPIES RECEIVED	2	
	DISTRIBUTION	\mathcal{P}_{\perp}	
	SANTA FE	11	
	FILE	 /_ 	
	U.S.G.S.	/-	A
	LAND OFFICE	 	AUT
	TRANSPORTER GAS	7	
	OPERATOR	1	
	PRORATION OFFICE	PC	
I.	Operator		
	General Am Address P. O. Box		_
	Reason(s) for filing (Check)	proper box)	
	New We!l		Chan
	Recompletion		Oil
	Change in Ownership		Casin
II.	If change of ownership giv and address of previous ov DESCRIPTION OF WELL Legse Name	vner	ZEASE Well
	G-J Premier Sd Ut Location		
	Unit Letter 🔝	; 33	0 Feet
	Line of Section 28	Tow	nship
II.	DESIGNATION OF TRA	rter of Oil	A
	Continental Pi		
	Name of Authorized Transpo		ingnead Ga
	None - Gas is		
	None - Gas 18 If well produces oil or liquid give location of tanks,		Unit
	If well produces oil or liquid	s,	Unit K
	If well produces oil or liquid give location of tanks. If this production is commi	ngled wit	Unit K h that from
	If well produces oil or liquid give location of tanks. If this production is commi COMPLETION DATA	ngled wit	Unit K h that from

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SANTA FE	17 1						1551014		Form C-104	d C-104 and C-1.
FILE	17-1	\dashv	ıx	EWOESI	FOR ALLO	JWADLE			Effective 1-1-6	
U.S.G.S.	+				AND					
		_ AUTH	ORIZATION	1 10 TR	ANSPORT (DIL AND	NATURAL	GAS		
LAND OFFICE	+++									
TRANSPORTER OIL	1/-	_				51			VED	:
GAS	15					ラン	2 % L	· • = ;	VED	
OPERATOR	 									
PRORATION OFFICE Operator								MAY 1 C	1000	
•			.	/			1	Alta I C	1966	
General An	merica:	n Oil Comp	any of T	exas						
Address							•	الله الله	<u>.</u>	
P. O. Box	416,	Loco Hills	, New Me	xico			~,	RTESIA, E	iffi ce	
Reason(s) for filing (Check	proper bo	x)			0	ther (Pleasi	e explain)			
New We!l		Change i	n Transporter	of:	_					
Recompletion		Oil		Dry Go	as	Chang	e lease	name f	rom Beese	m A
Change in Ownership		Casinghe	ad Gas	Conde	nsate	_	location			
										-
If change of ownership giv										
and address of previous o	wiiei						· · · ·			
DESCRIPTION OF WEI	T AND	LEASE								
Lease Name	TT VIA		Pool Name,	Including F	ormation		Kind of Lea	ıse		LC ease No.
C. T. Thromaton Od 114		BA 2	Crewhy	rg-Jaci			State, Fede	ral or Fee	Federal	028936-a
G-J Premier Sd Ut	., Al.	DA A	Graybu	TR-34CI	LPVII		<u> </u>		Legerar	U20730-E
		20	•• -	1		220			9 A	
Unit Letter 🔝 👗	_ ; 3 .	30 Feet Fro	om The No	eren Li	ne and	330	Feet From	n The	East	
			_							
Line of Section 2	To	ownship	<u>'-s</u>	Range	30-E	, NMPM		Eddy		County
DESIGNATION OF TRA	INSPOR	TER OF OIL						,	6.7.	
Name of Authorized Transpo	orter of Oi	or c	Condensate [ال	Address (G	ive address	to which app	oved copy	of this form is t	to be sent)
Continental Pi	ipe Li	ne Company	,				, Artes			
Name of Authorized Transpo	orter of Co	asinghead Gas 🗌	or Dry G	as 🗀	Address (G	ive address	to which app	roved copy	of this form is	to be sent)
None - Gas is	flare	d.								
If well produces oil or liquid		Unit Sec	Twp.	Rge.	Is gas actua	ally connect	ed? V	hen .		
give location of tanks.	201	K	27 17-	S 30-1	R N	io.	!			
										
If this production is comm COMPLETION DATA	ingied w	ith that from a	ny other leas	e or poor,	give commit	iging orde			····	
COM LETION DATA		, (Oil Well	Gas Well	New Well	Workover	Deepen	Plug Bo	ack Same Res	s'v. Diff. Res'v
Designate Type of C	Completi	ion = (X)	F I		1	1	1	i i	i	ŀ
Date Spudded		Date Compl.	Ready to Prod		Total Depth	<u> </u>		P.B.T.	D.	1
Date opadada		Date Compile		•	Total Bopti.	•		1	.	
Floretters (DE DVD DZ		Name of Book			T 041/C-	- t\		Tubin	Danah	
Elevations (DF, RKB , RT , (JK, etc.,	Name of Prod	lucing Formati	on	Top Oil/Ga	s Pay		Tubing	Depth	
Perforations								Depth (Depth Casing Shoe	
			TUBING, CA	SING, AN	D CEMENTI	NG RECOR	D			
HOLE SIZE		CASING	G & TUBING	SIZE		DEPTH S	ET		SACKS CEN	JENT
MEST DATA AND BEO	TIEST T	COR ALLOWA	DIF T			-611-			ha asual ta as	avered too allow
TEST DATA AND REQ	UESIT	OR ALLOWA	able able		epth or be for			i una masi	De equal to or	exceed top allow
Date First New Cil Run To	Tanks	Date of Test		<u> </u>		•	, pump, gas	lift, etc.)		
						,				
Loreth of Tool		Tubing Press			Casing Pres			Choke	Size	
Length of Test		: ubing Fless	u. e		Cdamy Free	35000		Onore .		
			100 - F31 I		0 1/	Con MOE				
Actual Prod. During Test Cil-Bbls.		Water - Bbls.		Gas - M	Gas-MCF					
GAS WELL										
Actual Prod. Test-MCF/D		Length of Te	st		Bbls. Conde	onsate/MMC	F	Gravity	of Condensate	,
Testing Method (pitot, back	pr.)	Tubing Press	we (Shut-in)	Casing Pres	saure (Shut	-in)	Choke	Size	
						•				
OPPORTEGATE OF CO	MDI 145	ICE			1	011 /	CONSEDA	ATION	COMMISSIO	NI
CERTIFICATE OF CO	MELIAN	ICE				OIL (JUNDERV	A HON	COMMISSIO	14
					11					

VI.

V.

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.

PARON	
R. J. Heard (Signature)	
District Superintendent	
(Title)	

May 10, 1966

(Date)

APPROVED	1966	, 19
BY MLarnes		
TITLE SELVENCE	maser Fro	

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.