	NO. OF COPIES REC	EIVED	5		•		
	DISTRIBUTE	ON	N				
	SANTA FE	/					
	FILE						
	u.s.g.s.						
	LAND OFFICE	_					
	TRANSPORTE	OIL					
		GAS					
	OPERATOR		3				
1.	PRORATION OFFICE						

(Date)

DISTRIBUTION						
SANTA FE /		MEXICO OIL CONSERVATION COMMISSION Form C-104 REQUEST FOR ALLOWABLE Supersedes Old C-104 and C-110				
FILE /-		AND	Effective 1-1-65			
U.S.G.S.	AUTHORIZATION TO TR	ANSPORT OIL AND NAT	URAL GAS			
LAND OFFICE		RECEIVED				
TRANSPORTE GAS			· Note:			
OPERATOR 3		WIW ARRANGE TO THE RESERVE TO THE RE				
I. PRORATION OFFICE	MAY 1 1 1966					
Operator						
General American	oil Company of Texas	ARTESIA, SEFICI				
P. O. Boy 416.	Loco Hills, New Mexico					
Reason(s) for filing (Check proper b	pox)	Other (Please exp	ain)			
New Well	Change in Transporter of:					
Recompletion	Oil Dry G		Belson			
Change in Ownership	Casinghead Gas Conde	ensate Change lea	se name from Maddren Beesen E			
If change of ownership give name	•					
and address of previous owner						
II. DESCRIPTION OF WELL AN						
Lease Name	Well No. Pool Name, Including I		of Lease No.			
G-J Premier 8d Ut, Tr.	. ME 1 Grayburg-Jac	EKSON	e, Federal or Fee Federal 028936-e			
Unit Letter 0 ;	90 Feet From The South Li	ne and 1650 Fe	Took			
Unit Letter ;	Feet From The Docks Li	ne and Fe	et From The			
Line of Section 28	Township 17-8 Range	30-E , NMPM,	Eddy County			
T DESIGNATION OF TRANSPO						
Name of Authorized Transporter of C	RTER OF OIL AND NATURAL G		ich approved copy of this form is to be sent)			
None - Water inject	tion well.		on approved copy of this joint is to be settly			
Name of Authorized Transporter of C	Casinghead Gas or Dry Gas	Address (Give address to wh	ch approved copy of this form is to be sent)			
None						
If well produces oil or liquids,	Unit Sec. Twp. Rge.	Is gas actually connected?	When			
give location of tanks.		No				
If this production is commingled v. COMPLETION DATA	with that from any other lease or pool,	give commingling order num	ber:			
	Oil Well Gas Well	New Well Workover De	epen Plug Back Same Res'v. Diff. Res'v.			
Designate Type of Complete	tion = (X)					
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	The Control of the Co			
and the state of t	y Name of Producing Formation	Top On/Gas Pay	Tubing Depth			
Perforations			Depth Casing Shoe			
		D CEMENTING RECORD				
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT			
V. TEST DATA AND REQUEST		after recovery of total volume of	load oil and must be equal to or exceed top allow-			
OIL WELL Date First New Oil Run To Tanks	Date of Test	epth or be for full 24 hours)	•			
Date First New Oil Aun 16 Tanks	Dute of Test	Producing Method (Flow, pum	p, gas tift, etc.)			
Length of Test	Tubing Pressure	Casing Pressure	Choke Size			
Actual Prod. During Test	Oil-Bbis,	Water-Bbis.	Gas-MCF			
GAS WELL						
Actual Prod. Test-MCF/D	Length of Test	Bbis. Condensate/MMCF	Gravity of Condensate			
			·			
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size			
<u>'</u>						
I. CERTIFICATE OF COMPLIA	NCE	OIL CONS	SERVATION COMMISSION			
Thomas and a second			APPROVED			
Commission have been complied	i regulations of the Oil Conservation with and that the information given	MIPM.	MPOL IL			
above is true and complete to the	he best of my knowledge and belief.	BY_///LUMMO	wing			
		TITLE	1.74 的			
D 11 0	7		led in compliance with RULE 1104.			
_ / Hoeen		If this is a request f	or allowable for a newly drilled or deepened			
	nature)	well, this form must be a	ccompanied by a tabulation of the deviation naccordance with RULE 111.			
District Superinte		All sections of this	form must be filled out completely for allow-			
(7 May 10, 1966	Title)	able on new and recompl				

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.