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## NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE AND

Supersedes Old C-104 and C-110

RECEIVE 1-1-65

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS JUN 1 8 1363 O. C. C. ARTESIA, OFFICE Operator General American Oil Company of Texas Address P. O. Box 416, Loce Hills, New Mexico 88255
Reason(s) for filing (Check proper box) Other (Please explain) New Well Change in Transporter of: Recompletion Dry Gas Change in Ownership Casinahead Gas Condensate If change of ownership give name and address of previous owner \_\_\_ II. DESCRIPTION OF WELL AND LEASE
| Tease Name | Well No. | Pool Name, Including Formation Kind of Lease Regse No. State, Federal or Fee 028784-92 10 Grayburg-Jackson <u>Federal</u> Burch B Location (b) Tr B ' C 660 \_\_ Feet From The \_\_**North** \_\_Line and \_\_**1980** West Feet From The Unit Letter\_ Line of Section 30 Township 17-8 Range 30-K , NMPM, <u>Eddy</u> County III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Address (Give address to which approved copy of this form is to be sent) Navaje Refining Company, Pipe Line Division
Name of Authorized Transporter of Casinghead Gas 
or Dry Gas North Freeman Avenue, Artesia, New Mexico dress (Give address to which approved copy of this form is to be sent) Phillips Petroleum Company Phillips Building, Odessa, Texas gas actually connected? | When Twp. Rge. Unit If well produces oil or liquids, give location of tanks. ħ 30 17-S 30-E March 1, 1962 Yes If this production is commingled with that from any other lease or pool, give commingling order number: IV. COMPLETION DATA Workover Deepen Plug Back Same Res'v. Diff. Res'v. New Well Gas Well Oil Well Designate Type of Completion - (X) P.B.T.D. Date Spudded Date Compl. Ready to Prod. Total Depth Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation Top Oil/Gas Pay Tubing Depth Depth Casina Shoe Perforations TUBING, CASING, AND CEMENTING RECORD SACKS CEMENT DEPTH SET HOLE SIZE CASING & TUBING 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 Length of Test Tubing Pressure Casing Pressure Gas - MCF Water - Bbls. Actual Prod. During Test Oll-Bhls. **GAS WELL** Actual Prod. Test-MCF/D Length of Test Bbls. Condensate/MMCF Gravity of Condensate Casing Pressure (Shut-in) Choke Size Tubing Pressure (Shut-in) Testing Method (pitot, back pr.) OIL CONSERVATION COMMISSION 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. TITLE This form is to be filed in compliance with RULE 1104.

W. E. Walter

(Signature)

(Title)

(Date)

District Superintendent

May 29, 1969

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.