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NEW MEXICO CIL CONSERVATION COMMISS.

Form C~104

| Date Spudded Date Compl. Ready to Prod. Total Depth P.B.T.D. | Lease No. O28784-93(b) Tr. B County S to be sent) M. 88210 S to be sent) | | |
|--|---|--|--|
| DESCRIPTION OF WELL AND LEASE Lease Name Burch "B" Describer "B" Lease Form The North Line of Section 30 Township 17-S Designation of Transporter of Cit M. Dry Son North Line of Section 30 Township 17-S Name of Authorized Transporter of Cit M. Navajo Refining Co. Pipe Line Division Name of Authorized Transporter of Crainsperded Gas 1 of Day Gas 1 of Markey State (Company) If well produces oil or Itansporter of Crainsperded Gas 2 of Day Gas 1 of Day Gas 1 of Markey State (Company) Describer 17-S 20-S 2 of Company North Freeman Ave. Artesia, N. North Part Company If well produces oil or liquids, Gas 1 of Day Gas 2 of Day Gas 30-E years of the provided Gas 30 of Day Gas 30-E years of the provided Gas 30 of Day Gas 30-E years of the provided Gas 30 of Condensate 30 o | County s to be sent) M. 88210 s to be sent) | | |
| OPERATOR PRORATION OFFICE Operator GENERAL AMERICAN OIL COMPANY OF TEXAS Address P. O. BOX 416 LOCO HILLS, NEW MEXICO 88255 ARTESIA, OFFICE PROBLEM OF Thing (Check proper box) New Well Recompletion Change in Transporter of: Change in Ownership Change in Ownership If change of ownership give name and address of previous owner Burch "B" DESCRIPTION OF WELL AND LEASE Lease Name Burch "B" Location 1345 Unit Letter 300 Fact From The North Ine of Section North OF TRANSPORTER OF OIL AND NATURAL GAS Noice of Authorized Transporter of OIL North OF TRANSPORTER OF OIL AND NATURAL GAS Noice of Authorized Transporter of OIL North OF Transporter of OIL North OF Transporter of OIL OF Poolenavie North Freeman Ave. Artesia, N. North Freeman Ave. Artesia, N. North OF Transporter of Orly on Orly Oas If well produces oil or liquids, Give liquids, July 4, 1974 If this production is commingled with that from any other lease or pool, give commingling order number: COMPLETION DATA Designate Type of Completion — (X) Designate Type of Completion — (X) Dote Soudded Dote Compil. Ready to Frod. Total Depth Pals Total Depth P.B.T.D. Dote Sudded Dote Compil. Ready to Frod. Total Depth P.B.T.D. Designate Type of Completion — (X) X Dote Soudded Dote Compil. Ready to Frod. Total Depth P.B.T.D. | County S to be sent) M. 88210 S to be sent) | | |
| Operator GENERAL AMERICAN OIL COMPANY OF TEXAS Address P. O. BOX 416 LOCO HILLS, NEW MEXICO 88255 Reason(s) for filing (Check proper box) New Well Recompletion Change in Franaporter of: Change in Ownership give name and address of previous owner If change of ownership give name Burch "B" Lease Name Burch "B" Location 13 4 5 Unit Letter 30 Feet From The North Line and 1260 Feet From The West Line of Section 30 Township 17-S Range 30-E Name of Authorized Transporter of Oil Mean Division Navajo Refining Co. Pipe Line Division Name of Authorized Transporter of Casinghead Gas If well produces oil or liquide, give location of tanks. D 30 17-S 30-E When When When If this production is commingled with that from any other lease or pool, give commingling order number: COMPLETION DATA Designate Type of Completion — (X) Date Spudded Date Completion — (X) Address (Give address to which approved copy of this form in the production is commingled with that from any other lease or pool, give commingling order number: COMPLETION DATA Designate Type of Completion — (X) Date Spudded Date Completion — (X) Date Spudded Date Completion — (X) Proceeding Texasporter Deepen Plus Back Same F Date Spudded Date Completion — (X) Poste Spudded Date Completion — (X) Proceeding Texasporter of Date Completion — (X) Poste Spudded Poste Completion — (X) Poste Spudded Date Co | County s to be sent) M. 88210 s to be sent) | | |
| Address P. O. BOX 416 LOCO HILLS, NEW MEXICO 88255 Reson(s) for filing (Check proper box) New Well Change in Transporter of: Recompletion X Cill X Dry Gas Change in Ownership Change in Transporter of: Change of ownership give name and address of previous owner Change of ownership give name and address of previous owner | County s to be sent) M. 88210 s to be sent) | | |
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| Burch "B" 16 Grayburg-Jackson San Andres State, Federal or Fee FED IC- Location 1345 | County S to be sent) M. 88210 S to be sent) | | |
| Unit Letter | County s to be sent) M. 88210 s to be sent) | | |
| DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil or Condensate Address (Give address to which approved copy of this form in the Navajo Refining Co. Pipe Line Division North Freeman Ave. Artesia, N. Name of Authorized Transporter of Casinghead Gas or Dry Gas Address (Give address to which approved copy of this form in the Phillips Petroleum Company Phillips Building Odessa, Texas If well produces oil or liquids, give location of tanks. D 30 17-S 30-E Yes July 4, 1974 If this production is commingled with that from any other lease or pool, give commingling order number: COMPLETION DATA Designate Type of Completion - (X) X X X X Date Spudded Date Compl. Ready to Prod. Total Depth P.B.T.D. | s to be sent) M. 88210 s to be sent) | | |
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| Name of Authorized Transporter of Casinghead Gas or Dry Gas Address (Give address to which approved copy of this form in the Phillips Petroleum Company If well produces oil or liquids, give location of tanks. D 30 17-S 30-E Yes Phillips Building Odessa, Texass When July 4, 1974 If this production is commingled with that from any other lease or pool, give commingling order number: COMPLETION DATA Designate Type of Completion — (X) Date Compl. Ready to Prod. Address (Give address to which approved copy of this form in the form and the form in t | is to be sent) | | |
| Phillips Building Odessa, Texas If well produces oil or liquids, give location of tanks. D 30 17-S 30-E Yes Tup. Bqe. Is gas actually connected? Yes July 4, 1974 This production is commingled with that from any other lease or pool, give commingling order number: COMPLETION DATA Designate Type of Completion - (X) Date Compl. Ready to Prod. Double Spudded Phillips Building Odessa, Texas When July 4, 1974 New Well Workover Deepen Plug Back Same F X Date Spudded Date Compl. Ready to Prod. Total Depth P.B.T.D. | | | |
| If well produces oil or liquids, give location of tanks. D 30 17-S 30-E Yes July 4, 1974 If this production is commingled with that from any other lease or pool, give commingling order number: COMPLETION DATA Designate Type of Completion - (X) | | | |
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| Designate Type of Completion - (X) X X X Date Spudded Date Compl. Ready to Prod. Total Depth P.B.T.D. | Resty. Diff. Resty. | | |
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| July 1, 1974 3316 DF | | | |
| Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation 3609 DF Grayburg & San Andres 2588' Tubing Depth 3236 | | | |
| Perforations 2976'-2984' (16 holes) 2708'-2716' (16 holes) Depth Casing Shoe | | | |
| 2915'-2919' (8 holes) 2588'-2596' (16 holes) TUBING, CASING, AND CEMENTING RECORD | | | |
| HOLE SIZE CASING & TUBING SIZE DEPTH SET SACKS C | EMENT | | |
| 8-5/8" OD 24# 513' 50 sack | s | | |
| 7" OD 23# 3061' 100 sack | .8 | | |
| 2-7/8" OD 6.5# EUE 3236' | | | |
| TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to | r exceed top allows | | |
| OIL WELL able 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.) | | | |
| July 4, 1974 July 4, 1974 Pumping Length of Test Tubing Pressure Casing Pressure Choke Size | | | |
| 24 hours | | | |
| Actual Prod. During Test Oil - Bbis. Water - Bbis. Gas - MCF | | | |
| 100 barrels 70 30 BLW 100 | | | |
| | | | |
| GAS WELL Actual Prod. Test-MCF/D Length of Test Bbls. Condensate/MMCF Gravity of Condensate | ate . | | |
| | | | |
| Testing Method (pitot, back pr.) Tubing Pressure (Shut-in) Casing Pressure (Shut-in) Choke Size | 1 | | |
| CERTIFICATE OF COMPLIANCE OIL CONSERVATION COMMISSI | ON | | |
| 1111 4 4074 | | | |
| I hereby certify that the rules and regulations of the Oil Conservation APPROVED | _, 19 | | |
| Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief. | 1 Stanne Total | | |
| AND CAS INSPECTOR | | | |
| | | | |
| This form is to be filed in compliance with RU If this is a request for allowable for a newly dr | | | |
| well this form must be accompanied by a tabulation | 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 | tests taken on the well in accordance with RULE 111. All sections of this form must be filled out completely for allow- | | |
| (Title) able on new and recompleted wells. | | | |
| July 18, 1974 Fill out only Sections I, II, III, and VI for cl | hanges of owner, | | |
| (Date) well name or number, or transporter, or other such che Separate Forms C-104 must be filed for each | THE OF COUNTYION | | |
| completed wells. | | | |