DISTRIBUTION	5
ANTA FE	
ILE	/
.S.G.S.	/
AND OFFICE	
TRANSPORTER OIL	/
TRANSPORTER GAS	
OPERATOR	2
PRORATION OFFICE	

NEW MEXICO OIL CONSERVATION COMMISSION

REQUEST FOR ALLOWABL
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-104 and C-11
Effective 1-1-65

RECEIVED
MAY 15 1975
O. C. D.
ARTESIA, OFFICE

I.

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 Ownership

Change in Transporter of:
Oil X
Dry Gas
Casinghead Gas
Condensate

Other (Please explain)
old SI injection well returned to production

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
Beeson "F"	11	Loco Hills	State, Federal or Fee Federal	LC-060529

Location
Unit Letter H 1650 Feet From The North Line and 330 Feet From The East
Line of Section 31 Township 17-S Range 30-E NMPM, Eddy County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil X or Condensate	Address (Give address to which approved copy of this form is to be sent)
Navajo Refining Co. - Pipe Line Division	North Freeman Avenue Artesia, N. M. 88210
Name of Authorized Transporter of Casinghead Gas or Dry Gas	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	Sec.	Twp.	Rge.	Is gas actually connected?	When
Unit. 26 64	F	25	17-S	29-E		

If this production is commingled with that from any other lease or pool, give commingling order number:

IV. COMPLETION DATA

Designate Type of Completion	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
	X						X	

Date Spudded	Date T.D. Reached	Ready to Prod.	Total Depth	P.B.T.D.
			3100	

Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
	Grayburg		

Perforations	Depth Casing Shoe
fs 2836-56 + OH 3001-3100	

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
	8 5/8"	482	50
	4½"	3001	100

V. TEST DATA AND REQUEST FOR ALLOWABLE (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)

OIL WELL

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)
May 7, 1975	May 12, 1975	Pumping

Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24 hours	----------	----------	----------

Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF
	60	100	TSTM

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.

Ray Crow
(Signature)
District Superintendent
(Title)
May 12, 1975
(Date)

OIL CONSERVATION COMMISSION

APPROVED MAY 16 1975, 19

BY W. A. Gressett

TITLE SUPERVISOR, DISTRICT II

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 multiple completed wells.