

NEW MEXICO OIL CONSERVATION COMMISSION  
Santa Fe, New Mexico

(Form C-104)  
Revised 7/1/57

REQUEST FOR (OIL) - ~~(GAS)~~ ALLOWABLE

New Well  
~~REGISTRATION~~

This form shall be submitted by the operator before an initial allowable will be assigned to any completed Oil or Gas well. Form C-104 is to be submitted in QUADRUPLICATE to the same District Office to which Form C-101 was sent. The allowable will be assigned effective 7:00 A.M. on date of completion or recompletion, provided this form is filed during calendar month of completion or recompletion. The completion date shall be that date in the case of an oil well when new oil is delivered into the stock tanks. Gas must be reported on 15.025 psia at 60° Fahrenheit.

Loco Hills, N. M. September 18, 1962  
(Place) (Date)

WE ARE HEREBY REQUESTING AN ALLOWABLE FOR A WELL KNOWN AS:

General American Oil Co. of Texas Beeson F., Well No. 13, in NE 1/4 SW 1/4,  
(Company or Operator) (Lease)

K Sec. 31, T. 17S, R. 30E, NMPM, Loco Hills Pool  
Unit Letter

Eddy

Please indicate location:

D	C	B	A
E	F	G	H
L	K <sub>00</sub>	J	I
M	N	O	P

County. Date Spudded. 5-2-62 Date Drilling Completed 6-4-62  
Elevation 3562' Total Depth 2827' PBD

Top Oil/Gas Pay 2805' Name of Prod. Form Loco Hills Sand  
(Grayburg)

PRODUCING INTERVAL -

Perforations

Open Hole 2805'-2823' Depth 2800' Depth Tubing 2821'

OIL WELL TEST -

No test natural  
Natural Prod. Test: bbls. oil, bbls water in hrs, min. Size Choke

Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of Choke  
load oil used): 3.0 bbls. oil, 0 bbls water in 24 hrs, 0 min. Size Pump

GAS WELL TEST -

Natural Prod. Test: MCF/Day; Hours flowed Choke Size

Method of Testing (pitot, back pressure, etc.):

Test After Acid or Fracture Treatment: MCF/Day; Hours flowed

Choke Size Method of Testing:

Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and sand): 500 gals. 20% Mud Acid

Casing Tubing Date first new  
Press. 9 Press. 30# oil run to tanks 9-15-62

Oil Transporter Continental Pipe Line Company

Gas Transporter Valley Gas Company

Remarks:

I hereby certify that the information given above is true and complete to the best of my knowledge.

Approved. SEP 20 1962, 19 General American Oil Company of Texas  
(Company or Operator)

OIL CONSERVATION COMMISSION

By: M. L. Armstrong Title District Superintendent  
Send Communications regarding well to:

Title "GAS INSPECTOR" Name General American Oil Company of Texas

Address P. O. Box 416, Loco Hills, N. M.

MAIL ROOM OFFICE

At the same time, the

NUMBER OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
PRODUCTION OFFICE	
OPERATOR	

NEW MEXICO OIL CONSERVATION COMMISSION  
SANTA FE, NEW MEXICO  
**CERTIFICATE OF COMPLIANCE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS**

FORM C-110  
(Rev. 7-60)

FILE THE ORIGINAL AND 4 COPIES WITH THE APPROPRIATE OFFICE

Company or Operator <b>General American Oil Company of Texas</b>				Lease <b>Beeson F</b>		Well No. <b>13</b>	
Unit Letter <b>K</b>	Section <b>31</b>	Township <b>17S</b>	Range <b>30E</b>	County <b>Eddy</b>			
Pool <b>Loco Hills</b>				Kind of Lease (State, Fed, Fee) <b>Federal</b>			
If well produces oil or condensate give location of tanks			Unit Letter <b>K</b>	Section <b>31</b>	Township <b>17S</b>	Range <b>30E</b>	
Authorized transporter of oil <input checked="" type="checkbox"/> or condensate <input type="checkbox"/> <b>Continental Pipe Line Company</b>				Address (give address to which approved copy of this form is to be sent) <b>Artesia, New Mexico</b>			
Is Gas Actually Connected? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>							
Authorized transporter of casing head gas <input checked="" type="checkbox"/> or dry gas <input type="checkbox"/> <b>Valley Gas Company</b>			Date Connected <b>?</b>	Address (give address to which approved copy of this form is to be sent) <b>Artesia, New Mexico</b>			

If gas is not being sold, give reasons and also explain its present disposition:

**REASON(S) FOR FILING** (please check proper box)

New Well ..... ☒ Change in Ownership ..... ☐  
Change in Transporter (check one) Other (explain below)  
Oil ..... ☐ Dry Gas ..... ☐  
Casing head gas . ☐ Condensate . . ☐

Remarks

**RECEIVED**  
**SEP 20 1962**  
**O. C. C.**  
**ARTESIA, OFFICE**

The undersigned certifies that the Rules and Regulations of the Oil Conservation Commission have been complied with.

Executed this the **18th** day of **September**, 19 **62**.

OIL CONSERVATION COMMISSION		By <b>R. J. Heard</b>
Approved by <b>M. L. Armstrong</b>		Title <b>District Superintendent</b>
Title <b>OIL AND GAS INSPECTOR</b>		Company <b>General American Oil Company; of Texas</b>
Date <b>SEP 20 1962</b>		Address <b>P. O. Box 416, Loco Hills, New Mexico</b>