

DISTRIBUTION		5
AMOUNT		1
FILE		1
S.G.S.		
AND OFFICE		
TRANSPORTER	OIL	1
	GAS	
OPERATOR		2
PRORATION OFFICE		

NEW MEXICO OIL CONSERVATION COMMISSION  
REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104  
Supersedes Old C-104 and C-105  
Effective 1-1-65

RECEIVED

APR 22 1976

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 <input type="checkbox"/> Change in Transporter of: Recompletion <input checked="" type="checkbox"/> Oil <input checked="" type="checkbox"/> Dry Gas <input type="checkbox"/> Change in Ownership <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	
Other (Please explain)	

If change of ownership give name  
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Beeson "F"	Well No. 2	Pool Name, Including Formation Loco Hills	Kind of Lease Premier	Lease No. 060529
Location Unit Letter M ; 330 Feet From The South Line and 330 Feet From The West 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 <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Navajo Crude Oil Purchasing Company	Address (Give address to which approved copy of this form is to be sent) P. O. Drawer 175 Artesia, N. M. 88210			
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	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 F	Sec. 25	Twp. 17-S	Rge. 29-E
Is gas actually connected?		When		
NO				

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

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
	X				X		X	
Date Spudded Re-spudded 3-15-76	Date Compl. Ready to Prod. 4-8-76		Total Depth 3070'		P.B.T.D. 3061'			
Elevations (DF, RKB, RT, GR, etc.) 3653' DF	Name of Producing Formation Premier		Top Oil/Gas Pay 2982		Tubing Depth 3007'			
Perforations 2982'-2990' (16)		3010'-3014' (8)		Depth Casing Shoe 3067'				
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
	8-5/8" OD 24#		505'		50			
	7" OD 20#		2646'		100			
	4-1/2" OD 11.6#		3067'		350			
	2-3/8" OD 4.7# EUE		3007'					

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

(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)

Date First New Oil Run To Tanks 4-9-76	Date of Test 4-19-76	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 24 hours	Tubing Pressure -----	Casing Pressure -----	Choke Size -----
Actual Prod. During Test 49 bbls.	Oil-Bbls. 33	Water-Bbls. 16 LW	Gas-MCF 81

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, 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.

Lendell Hawkins  
Lendell Hawkins (Signature)  
Engineer (Title)

April 20, 1976

(Date)

OIL CONSERVATION COMMISSION  
APR 26 1976

APPROVED \_\_\_\_\_, 19

BY W. A. Grasset

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 multiply completed wells.