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June 11, 1971

(Date)

## NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE

Form C-104 Supersedes Old C-104 and C-110

| FILE   |  | AND  | Effective [-1-65   |
|--|--|--|--|
| U.S.G.S.   | AUTHORIZATION TO TRA   | MSPORT OIL AND MATURAL   | GAS  |
| IRANSPORTER OIL /                                    |  | - · ·  | That is a second of the second |
| GAS /  |  | JUN 1 6 197  | 1  |
| OPERATOR // PRORATION OFFICE                         | -  |  | <u> </u>   |
| Operator   |  | O. C. C.   |  |
| General American (                                   | Oil Company of Texas   | ARTESIA, OFFICE  |  |
| P. O. Box 416, Los                                   | co Hills, New Mexico 88  | 255  |  |
| Reason(s) for filing (Check proper box               | / Transporter of:  | Other (Please explain)   |  |
| New Well   | Oil Dry Go   |  | <b></b>  |
| Change in Ownership                                  | Casinghead Gas 🗶 Conde   | nsate Hook up Gas on I   | New Well.  |
| If change of ownership give name                     |  |  |  |
| and address of previous owner                        |  |  |  |
| DESCRIPTION OF WELL AND                              | LEASE Well No. Pool Name, Including F                                    | ormation(San Andres) ind of Lea                                | se Lease No  |
| Burch B  | 20 Grayburg-Jacks  | on (& Metex) State, Feder                                      | FEG. 141-020709-73   |
| Location   | 601 N  | ne and 1980' Feet From   | Tr. B  |
| Unit Letter B; 0                                     | 60 Feet From The N Lin   | ne and Feet From   | The  |
| Line of Section 23 To                                | wnship 17-S Range  | 29-E , NMPM, Rddy  | County   |
| DESIGNATION OF TRANSPOR                              | TER OF OIL AND NATURAL GA  | AS   |  |
| Name of Authorized Transporter of Oi                 | or Condensate  | Address (Give address to which app.                            |  |
| Name of Authorized Transporter of Co                 | ipe Line Division singhead Gas X or Dry Gas                              | North Fracean, Ave., Ar<br>Address (Give address to which appr | oved copy of this form is to be sent)  |
| Phillips Petroleum Com                               | Dany   | Phillips Building, Ode   | ssa, Texas   |
| If well produces oil or liquids,                     | Unit   Sec.   Twp.   rige.   | is gas astari, terms   | 5-26-71  |
| give location of tanks.                              | G 23 17-S 29-B   |  | 3-20-71  |
| If this production is commingled w.  COMPLETION DATA | ith that from any other lease or pool,                                   | New Well Workover Deepen                                       | Plug Back   Same Res'v. Diff. Res  |
| Designate Type of Completi                           | on - (X)   Gas Well  | New Well Workover Becken                                       |  |
| Date Spudded   | Date Compl. Ready to Prod.   | Total Depth  | P.B.T.D.   |
|  | Name of Producing Formation  | Top Oil/Gas Pay  | Tubing Depth   |
| Elevations (DF, RKB, RT, GR, etc.)                   | Name of Froatening 1 ormanon   |  |  |
| Perforations   |  |  | Depth Casing Shoe  |
|  | TUBING, CASING, AN   | ID CEMENTING RECORD  |  |
| HOLE SIZE  | CASING & TUBING SIZE   | DEPTH SET  | SACKS CEMENT   |
|  |  |  |  |
|  |  |  |  |
|  |  | 4 1 1 -41-4  | U and must be sound to as exceed ton al  |
| . TEST DATA AND REQUEST I                            | FOR ALLOWABLE (Test must be able for this c                              | sepone or or just an armine                                    |  |
| Date First New Oil Run To Tanks                      | Date of Test   | Producing Method (Flow, pump, gas                              | lift, etc.)  |
| Length of Test                                       | Tubing Pressure  | Casing Pressure  | Choke Size   |
| Langth of feet                                       | •  |  | Ggs - MCF  |
| Actual Prod. During Test                             | Oil-Bbis.  | Water - Bbls.  | Gas • MCF  |
|  |  |  |  |
| GAS WELL   | Li di di Tran  | Bbls. Condensate/MMCF  | Gravity of Condensate  |
| Actual Prod. Test-MCF/D                              | Length of Test   | DDIS. Goldonadia / Minor                                       |  |
| Testing Method (pitot, back pr.)                     | Tubing Pressure (shut-in)  | Casing Pressure (Shut-in)                                      | Choke Size   |
|  |  | OIL CONSERV  | VATION COMMISSION  |
| I. CERTIFICATE OF COMPLIA                            | NCE  |  |  |
| I hereby certify that the rules and                  | d regulations of the Oil Conservation                                    | APPROVED JUN 16  | 1971 , 19  |
|  | with and that the information give<br>he best of my knowledge and belief |  | ressett  |
| who to time and complete to t                        |  | TITLE OIL AND GAS IN   | SPECTUH  |
|  |  | 111 56   | n compliance with RULE 1104.   |
| St & Stalle)   |  | and the second for all   | tomoble for a newly drilled or deeps   |
| M. D. METCOT   | gnature)   | well, this form must be accome tests taken on the well in ac   | cordance with RULE 111.  |
| District Superintenden                               | it<br>Title)   | All sections of this form able on new and recompleted          | must be filled out completely for al   |
| (1116)   |  | able on new and recompleted wells.                             |  |

able 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.