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

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

APR 2 1971

O. C. C.
ARTESIA, OFFICE

Operator General American Oil Company of Texas	
Address P. O. Box 416, Loco Hills, New Mexico 88255	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input checked="" type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>

If change of ownership give name
and address of previous owner

CASINGHEAD GAS MUST NOT BE
PLACED AFTER 6-1-21
UNLESS AN EXCEPTION TO R-4070
IS OBTAINED

II. DESCRIPTION OF WELL AND LEASE

Lease Name Keely A	Well No. 19	Pool Name, Including Formation (Metex &) Grayburg-Jackson (San Andres)	Kind of Lease State, Federal or Fee Fed. LC-028784-a	Lease No.
Location				
Unit Letter D	660	Feet From The N	Line and 660	Feet From The W
Line of Section 24	Township 17-S	Range 29-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"/>	Address (Give address to which approved copy of this form is to be sent)					
Navajo Refining Co., Pipe Line Division	North Freeman Ave., Artesia, New Mexico 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 K	Sec. 24	Twp. 17-S	Rge. 29-E	Is gas actually connected? No	When

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 <input type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'v. <input type="checkbox"/>	Diff. Res'v. <input type="checkbox"/>
Date Spudded 3-12-71	Date Compl. Ready to Prod. 3-31-71		Total Depth 3250'		P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.) 3597' CL	Name of Producing Formation Grayburg-Jackson		Top Oil/Gas Pay 2436'		Tubing Depth 3200			
Perforations 8(2436'-40'), 20(2479'-89'), 4(2888'-92'), 4(2897'-2901'), 4(2932'-36'), 8(3025'-29'), 8(3050'-54'), 8(3175'-79'), 12(3200'-06'),					Depth Casing Shoe 3250'			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12-1/4"	8-5/8"		403' KB		100 Sacks			
7-7/8"	5-1/2"		3250' KB		300 Sacks			
	2"		3200					

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 4-1-71	Date of Test 4-1-71	Producing Method (Flow, pump, gas lift, etc.) Flowing	
Length of Test 24 Hours	Tubing Pressure 175#	Casing Pressure	Choke Size
Actual Prod. During Test 120 Bbls.	Oil - Bbls. 120	Water - Bbls.	Gas - MCF

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.

W. E. Walter

District Superintendent

April 1, 1971

(Signature)

(Title)

(Date)

OIL CONSERVATION COMMISSION

APR 5 1971

APPROVED

BY

W. A. Gressett
OIL AND GAS INSPECTOR

TITLE

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.

