

NO. OF COPIES RECEIVED	4
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
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-110
 Effective 1-1-65

FEB 25 1972

O. C. C.

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 Change in Transporter of: Oil Dry Gas

Recompletion Casinghead Gas Condensate

Change in Ownership

Other (Please explain) **CASINGHEAD GAS MUST NOT BE FLARED AFTER 4-1-72 UNLESS AN EXCEPTION TO R-4070 IS OBTAINED**

If change of ownership give name and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name Burch B	Well No. 25	Pool Name, Including Formation Grayburg-Jackson - San Andres	Kind of Lease State, Federal or Fee Fed. LC-028784-93(b)	Lease No. Tr. B
Location				
Unit Letter C	660	Feet From The N	Line and 1893	Feet From The W
Line of Section 18	Township 17-S	Range 30E	, 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 Refining Co., Pipe Line Division	Address (Give address to which approved copy of this form is to be sent) 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 H	Sec. 13	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 <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded 1-10-72	Date Compl. Ready to Prod. 2-1-72	Total Depth 3900'	P.B.T.D. 3894'					
Elevations (DF, RKB, RT, GR, etc.) 3648 GL	Name of Producing Formation San Andres	Top Oil/Gas Pay 3572'	Tubing Depth 3850'					
Perforations 3572'-3582', 3736'-3739', 3764'-3767', 3793'-3796', 3836'-3841', 3875'-3881'.						Depth Casing Shoe 3900'		
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET			SACKS CEMENT		
12-1/4"	8-5/8"		496' KB			100		
7-7/8"	4-1/2"		3900' KB			450		
	2-7/8" OD EUE		3850'					

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 2-1-72	Date of Test 2-1-72	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 24 Hours	Tubing Pressure -	Casing Pressure -	Choke Size -
Actual Prod. During Test 165 Bbls.	Oil-Bbls. 15	Water-Bbls. 150	Gas-MCF 25

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 (Signature)
 District Superintendent (Title)
 February 24, 1972 (Date)

OIL CONSERVATION COMMISSION

APPROVED **FEB 25 1972**, 19____
 BY **W. A. Gressett**
 TITLE **OIL AND GAS INSPECTOR**

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.

Copy 4

Form 9-331
(May 1963)

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE*
(Other instructions on re-
verse side)

Form approved.
Budget Bureau No. 42-R1424.

LEASE DESIGNATION AND SERIAL NO.
LC-028784-93 (b) Tr. B
IF INDIAN, ALLOTTEE OR TRIBE NAME

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir.
Use "APPLICATION FOR PERMIT—" for such proposals.)

FEB 29 1972

1. OIL WELL GAS WELL OTHER

2. NAME OF OPERATOR
General American Oil Company of Texas

3. ADDRESS OF OPERATOR
P. O. Box 416, Loco Hills, New Mexico 88255

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below.)
At surface 660' FNL and 1893' FWL, Sec. 18, T-17S, R-30E.

14. PERMIT NO. 15. ELEVATIONS (Show whether DF, RT, GR, etc.)
3648' GL

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
Burch B

9. WELL NO.
#25

10. FIELD AND POOL, OR WILDCAT
Grayburg-Jackson

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 18, T-17S, R-30E

12. COUNTY OR PARISH 13. STATE
Eddy N.M.

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input checked="" type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input checked="" type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <input type="checkbox"/>	

(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)*

- Well spudded at 4:00 P. M. 1-10-72.
- Ran 496' KB of 8-5/8" 20# casing as follows:
 - Volume of cement equalled 132 cubic feet (100 sacks).
 - Brand of cement was Southwestern Class C with 2% CaCl.
 - Approximate temperature of cement slurry 58°.
 - Formation temperature was 90°.
 - After standing cemented for 9 hours compressive strength was 800#. Pressure tested to 400#. Tested OK.
 - Drilled out cement after standing 12 hours.
- Ran 3900' KB of 4-1/2" 9.5# casing and cemented with 450 sacks cement.
- We perforated as follows: 3572'-3582', 3736'-3739', 3764'-3767', 3793'-3796', 3836'-3841', 3875'-3881'.
- We fraced 3572'-3582' with 55,000# sand and 55,000 gallons gelled water.
- Testing prior to treating upper zones.

RECEIVED
FEB 25 1972
U. S. GEOLOGICAL SURVEY
ALBUQUERQUE, N. M.

18. I hereby certify that the foregoing is true and correct
SIGNED H. E. Walter TITLE District Superintendent DATE February 24, 1972

(This space for Federal or State office use)
APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

FEB 29 1972
C. L. BEEMAN
DISTRICT SUPERVISOR

*See Instructions on Reverse Side