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DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL 1 GAS
OPERATOR	2
PRORATION OFFICE	

NEW MEXICO OIL CONSERVATION COMMISSION
RECEIVED
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS
JUN 20 1972
D. C. C.
ARTESIA, OFFICE

Form C-104
Supersedes Old C-104 and C-120
Effective 1-1-65

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:
Recompletion ☐ Oil ☐ Dry Gas ☐
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐

Other (State) **CASINGHEAD GAS MUST NOT BE FLARED AFTER 8-23-72 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 Arco	Well No. # 1	Pool Name, Including Formation Grayburg-Jackson	Kind of Lease State, Federal or Fee NM	Lease No. 074936
Location Unit Letter K ; 1980 Feet From The South Line and 1980 Feet From The West Line of Section 17 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 Refining Co.- Pipe Line Division	Address (Give address to which approved copy of this form is to be sent) N. Freeman, Artesia, New Mexico
Name of Authorized Transporter of Casinghead Gas <input checked="" 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. K 17 17S 30E	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)	<input checked="" type="checkbox"/> Oil Well	<input type="checkbox"/> Gas Well	<input checked="" type="checkbox"/> New Well	<input type="checkbox"/> Workover	<input type="checkbox"/> Deepen	<input type="checkbox"/> Plug Back	<input type="checkbox"/> Same Res'tv.	<input type="checkbox"/> Diff. Res'tv.
Date Spudded 4-26-72	Date Compl. Ready to Prod. 6-20-72	Total Depth 3685' KB	P.B.T.D. 3679'					
Elevations (DF, RKB, RT, GR, etc.) 3657 G.L.	Name of Producing Formation Grayburg and San Andres	Top Oil/Gas Pay 2485'	Tubing Depth 3638'					
Perforations 2485'-2489' 2500'-2504' 2604'-2608' 2639'-2643' 2707'-2714'			Depth Casing Shoe 3685'					
TUBING, CASING, AND CEMENTING RECORD								
Casing & Tubing Size		Depth Set		Sacks Cement				
12-1/4"		8-5/8"		527' KB				
7-7/8"		4-1/2"		3685' KB				
2-3/8"		3638' KB		450 sacks				

V. TEST DATA AND REQUEST FOR ALLOWABLE (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 6-23-72	Date of Test 6-23-72	Producing Method (Flow, pump, gas lift, etc.) Flow	
Length of Test 24 hours	Tubing Pressure ---	Casing Pressure ---	Choke Size ---
Actual Prod. During Test 403	Oil-Bbls. 203	Water-Bbls. 200 Blw	Gas-MCF 593

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
W. E. Walter (Signature)
District Superintendent
(Title)

June 27, 1972
(Date)

OIL CONSERVATION COMMISSION

APPROVED JUN 20 1972, 19
BY W. A. Lussert
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 multi-completed wells.