NO. OF COPIES RECEIVED			5		
DISTRIBUTION					
SANTA FE					
FILE		T			
U.S.G.S.		Ī			
LAND OFFICE					
TRANSPORTER	OIL				
	GAS				
OPERATOR		1			

VI.

## NEW MEXICO OIL CONSERVATION COMMISSION

Form C-104 110

	FILE			REQUEST	FOR ALLO	WABLE		Supersedes Old C-104 and C-1
	U.S.G.S.	ALLT	HODIZA	TION TO TO	AND	R.E.	FORÆ LAY E	Effective 1-1-65
	LAND OFFICE		HORIZA	TION TO TR	ANSPUR I UI	IL AND NA	IURAL GAS -	
	TRANSPORTER OIL					4 9	11 / 1070	
	GAS	4				J	UL 6 1972	
_	OPERATOR DESIGN	-						
I.	Operator				<del></del>			
	General American Oil	Company	of Te	Kes /		# KC	t i de de la composition della	
	Address							
		o Mills,	New M	exico	88255			
	Reason(s) for filing (Check proper box	r)			Oth	er (Please exp	olain)	
	New Well	-	e in Trans	$\overline{}$				
	Recompletion Change in Ownership	Oil	- <b>-</b>	Dry G	= 1			
	Change in Ownership	Casing	ghead Gas	Conde	ensate	oc up ga	s on New Wel	.1
	If change of ownership give name							
	and address of previous owner							
II.	DESCRIPTION OF WELL AND	LEASE						
	Lease Name	Well N	lo. Pool N	ame, Including	rbgiten Sen	Andres Kin	d of Lease	Lease No.
	Arco	3	Gray	burg-Jeck	son	Sta	te, Federal or Fee	Fed MM 074936
	Location	30		••				
	Unit Letter <b>G</b> ; 198	Feet I	From The_	North Li	ne and198	<b>10</b> F	eet From The	est
	Line of Section 17 To	umahin (	178	D	3.09	N. (5)		
	Line of Section 47	wnship	L / <del>Q</del>	Range	302	, NMPM,	Eddy	County
III.	DESIGNATION OF TRANSPOR	TER OF O	II. AND I	NATURAL G	48			
	Name of Authorized Transporter of Oil		Condensa			address to wh	ich approved copy o	of this form is to be sent)
	Mavajo Refining Co	Pipe Lis	ne Divi	sien	M. Free	men Ave .	, Artesia, N	.M.
	Name of Authorized Transporter of Car		XX or	Dry Gas 🗀	Address (Give	address to wh	ich approved copy o	of this form is to be sent)
	Continental Oil Compa	<del></del>	·		Mouston			
	If well produces oil or liquids,	1		wp. Rge.	Is gas actuall		When	
	give location of tanks.	K	17   1	7-8 30-E	Yes		7-1-72	
**	If this production is commingled wi	th that from	any other	lease or pool,	give comming	ling order nur	nber:	
3 V .	COMPLETION DATA		Oil Well	Gas Well	New Well	Workover D	Peepen Plug Bo	ick   Same Resty, Diff. Resty,
	Designate Type of Completic	on = (X)	1	i I	1	1	1	1 1 1 1
	Date Spudded	Date Compl	. Ready to	Prod.	Total Depth		P.B.T.	D.
	Elevations (DF, RKB, RT, GR, etc.)	Name of Pr	oducing Fo	rmation	Top Oil/Gas I	Pay	Tubing	Depth
	Perforations						Depth C	Casing Shoe
					DEMENTING		·· · · <del>  · · · · · · · · · · · · · · · · </del>	
	HOLE SIZE	CASI	NG & TUE	ING SIZE	ļ	EPTH SET		SACKS CEMENT
		<del>                                     </del>						
v.	TEST DATA AND REQUEST FO	OR ALLOW	ABLE	(Test must be a	fter recovery of	total volume o	fload oil and must l	be equal to or exceed top allow-
	OIL WELL	<del>,</del>		able for this di	epth or be for ful			
	Date First New Oil Run To Tanks	Date of Tea	st		Producing Met	hod (Flow, pur	np, gas lift, etc.)	
	I amanda a I Turan	Tuhin Den			Casta Bass		Choke S	
	Length of Test	Tubing Pres	saure		Casing Pressu	πe	Choke S	51Z4
	Actual Prod. During Test	Oil-Bbls.	· · · · · · · · · · · · · · · · · · ·		Water-Bbls.		Gas - MC	OF .
		<del></del>						
	GAS WELL							
	Actual Prod. Test-MCF/D	Length of T	`est		Bbls. Condens	ate/MMCF	Gravity	of Condensate
	Testing Method (pitot, back pr.)	Tubing Pres	seure (Shu	t-in }	Casing Pressu	re (Shut-in)	Choke S	ize
l				<del></del>	<u> </u>			
VI.	ERTIFICATE OF COMPLIANCE			OIL CONSERVATION COMMISSION				
					APPROVED			
	I hereby certify that the rules and regulations of the Oil Conse Commission have been complied with and that the informatio above is true and complete to the best of my knowledge and		the information given		Pro a series	, is		
			ge and belief.	ii. BY W. W. Sressell				
					TITLE	. 2 -		~~*
							GRO MEPEC	0 <b>V</b> L67
	MEST IS							e with RULE 1104.
	W. B. Walter (Signature)				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			
1	1 60 also	iture)			I mall this f	orm must be	accompanied by a	tabulation of the deviation
1		iture)			well, this f	orm must be on the well	accompanied by a in accordance wi	tabulation of the deviation the RULE 111.
1	Oistrict Superintendent (Tit				well, this f	orm must be on the well	accompanied by a in accordance wi form must be fill	tabulation of the deviation
•	District Superintendent				well, this f tests taken All sec able on new	orm must be on the well ctions of this w and recomp ut only Secti	accompanied by a in accordance wi form must be fille leted wells. ons I. II. III. and	tabulation of the deviation th RULE 111.  ed out completely for allow-  VI for changes of owner,
•	District Superintendent	le)			well, this f tests taken All sec able on nev Fill or well name of	orm must be on the well ctions of this w and recomput only Section number, or	accompanied by a in accordance wi form must be fille lieted wells.  ons I. II. III. and transporter, or other	tabulation of the deviation the RULE 111.