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TRANSPORTER	OIL
	GAS
OPERATOR	
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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

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JUL 17 1972

O. C. C.
ARTESIA, OFFICE

I.

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
<u>Burch "C"</u>	<u>26</u>	<u>Grayburg-Jackson</u>	<u>State, Federal or Fee</u>	<u>LC 028793-e</u>
Unit Letter <u>H</u>	<u>1980</u> Feet From The <u>North</u> Line and <u>660</u> Feet From The <u>East</u>			
Line of Section <u>30</u>	Township <u>17-S</u>	Range <u>30-E</u>	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)	
<u>Navajo Refining Company-Pipe Line Division</u>	<u>N. Freeman, Artesia, New Mexico</u>	
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)	
<u>Phillips Petroleum Company</u>	<u>Phillips Bldg., Odessa, Texas</u>	
If well produces oil or liquids, give location of tanks.	Unit	Sec.
	<u>0</u>	<u>30</u>
	<u>17S</u>	<u>30E</u>
	<u>Yes</u>	<u>6-20-72</u>

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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>					
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
<u>5-19-72</u>	<u>6-20-72</u>	<u>3350 KB</u>	<u>3344'</u>					
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas pay	Tubing Depth					
<u>3585</u>	<u>Grayburg & San Andres</u>	<u>2670'</u>	<u>3304'</u>					
Perforations			Depth Casing Shoe					
<u>2670-73 2700-05 2792-98 3102-10 3324-30</u>			<u>3350'</u>					
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
<u>12-1/4"</u>	<u>8-5/8"</u>	<u>499' KB</u>	<u>100 sacks</u>					
<u>7-7/8"</u>	<u>4-1/2"</u>	<u>3350' KB</u>	<u>500 sacks</u>					
	<u>2-3/8"</u>	<u>3304' KB</u>						

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	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
<u>7-1-72</u>	<u>7-1-72</u>	<u>Pump</u>	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
<u>24 Hours</u>			
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF
<u>96</u>	<u>60</u>	<u>36</u>	<u>92</u>

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/
District Superintendent

(Signature)

(Title)

July 14, 1972

(Date)

OIL CONSERVATION COMMISSION

APPROVED JUL 18 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.