

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
RECEIVED

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

AUG 1 1972

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

If change of ownership give name
and address of previous owner

I. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, including Formation	Grbg. & S. A.	Kind of Lease	Lease No.
Burch C	28	Grayburg-Jackson	S. A.	State, Federal or Fee	LC-028793-E
Location					
Unit Letter	J	1980 Feet From The	South	Line and	1980' Feet From The
Line of Section		30	Township	17S	Range
				30E	NMPM,
				Eddy	County

II. 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 Company				N. Freeman Ave. Artesia, N. M. 88210	
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)	
Phillips Petroleum Company				Phillip Pet. Building Odessa, Texas	
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected? When
	0	19	17-S	30-E	Yes 7-30-72

If this production is commingled with that from any other lease or pool, give commingling order number:

III. 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.			
6-3-72	7-27-72		3425'		3418'			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
3595' GL	Grayburg & San Andres		2734'		3370'			
Perforations	2734'-41', 2787'-92', 2849'-54', 2890'-93', 2954'-49', 2984'-78', 3166'-74', 3350'-54', 3401'-05'				Depth Casing Shoe			
				3425'				
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12-1/4"	8-5/8"		505' KB.		100			
7-7/8"	4-1/2"		3425' KB		450			
	2-3/8" OD EUG		3370'					

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.)	
7-30-72	7-30-72	Flowing	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24 Hours		120#	
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF
300 Barrels	200	100 Load	200

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

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)

7-31-72 (Date)

OIL CONSERVATION COMMISSION

APPROVED AUG 3 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.

BURCH C 28

Deviation Survey

<u>Depth</u>	<u>Degrees</u>
446'	1/2°
5505'	3/4°
981'	3/4°
1487'	1/2°
1852'	3/4°
2351'	1°
2631'	3/4°
2935'	3/4°
3400'	1°

This is a true and correct report to the best of my knowledge.

J. E. Walter

Signed before me this 31 day of July, 1972.

James P. Quinn