

FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRORATION OFFICE	

AND
HORIZONTALIZATION TO TRANSPORT OIL AND NATURAL GAS
RECEIVED

Effective 1-1-65

APR 9 1974

I.

Operator General Operating Company ✓	O. C. C. ARTESIA, OFFICE
Address P. O. Box 877, Wichita Falls, Texas 76307	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input checked="" type="checkbox"/>	Change in Transporter of:
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"/>

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name Federal	Well No. 1	Pool Name, including Formation Gbg-Jackson Q-GBG-SA	Kind of Lease State, Federal or Fee Federal	Lease No. NM-0558579
Location Unit Letter <u>E</u> : <u>1650</u> Feet From The <u>North</u> Line and <u>330</u> Feet From The <u>West</u>				
Line of Section <u>35</u> Township <u>17S</u> Range <u>30E</u> , NMPM, <u>Eddy</u> 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 Crude Oil Purchasing	Address (Give address to which approved copy of this form is to be sent) P. O. Drawer 159, Artesia, New Mexico			
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Continental Oil Company	Address (Give address to which approved copy of this form is to be sent) P. O. Box 2197, Houston, Texas 77001			
If well produces oil or liquids, give location of tanks.	Unit E	Sec. 35	Twp. 17S	Rge. 30E
Is gas actually connected?		When		
Yes		4-4-74		

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 Resv.	Diff. Resv.
Date Spudded 12-31-73	Date Compl. Ready to Prod. 3-9-74	Total Depth 3400' RKB	P.B.T.D. 3343' RKB					
Elevations (DF, RKB, RT, GR, etc.) 3580' GR 3590' RKB	Name of Producing Formation Grayburg	Top Oil/Gas Pay 3110' RKB	Tubing Depth 3281' RKB					
Perforations 3110'-16' RKB w/7-0.37" holes, 3216'-22' RKB w/7-0.37" holes, 3315'-21' RKB w/7-0.37" holes, 3335'-41' RKB w/7-0.37" holes								
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12"	3-5/8" OD, 20#, new		488' GR		250 sacks Class C			
7-7/8"	5-9/16" OD, 15#, new		3328' RKB		500 sacks Class H			
	2-3/8" OD, SH		3281' RKB					

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 3-21-74	Date of Test 3-30-74	Producing Method (Flow, pump, gas lift, etc.) Flowing and Pumping w/2"x1 1/2"x12' pump	
Length of Test 24 hrs	Tubing Pressure -	Casing Pressure 20 psi	Choke Size -
Actual Prod. During Test 139 Barrels Fluid	Oil - Bbls. 59	Water - Bbls. 130 (frac wtr)	Gas - MCF 59 (Estimated)

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.

C. W. Stumhofer

C. W. STUMHOFFER
(Signature)

Partner
(Title)

April 5, 1974
(Date)

OIL CONSERVATION COMMISSION

APPROVED APR 10 1974

BY

W. A. Grasset
OIL AND GAS INSPECTOR

TITLE

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.