

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

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

RECEIVED

SEP 30 1974

Operator General American Oil Company of Texas		D. C. C.	
Address P. O. Box 416 Loco Hills, New Mexico 888255		ARTESIA, OFFICE	
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"/>
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>
		Dry 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 Dexter	Well No. 2	Pool Name, Including Formation Grayburg	Kind of Lease State, Federal or Fee	Lease No. Fed. LC-054406
Location Unit Letter F ; 1345 Feet From The North Line and 1345 Feet From The West				
Line of Section 24 Township 17-S Range 29-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"/>	Address (Give address to which approved copy of this form is to be sent)					
Navajo Refining Company Pipe Line Division	North Freeman Artesia, New Mexico 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	Phillips Building Odessa, Texas 79760					
If well produces oil or liquids, give location of tanks.	Unit F	Sec. 24	Twp. 17S	Rge. 29E	Is gas actually connected? Yes	When 9-18-74

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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
X			X					
Date Spudded 7-9-74	Date Compl. Ready to Prod. 9-10-74		Total Depth 3425'		P.B.T.D. 3419'			
Elevations (DF, RKB, RT, GR, etc.) 3590.5 GL	Name of Producing Formation Grayburg & San Andres		Top Oil/Gas Pay 2480'		Tubing Depth 3355'			
Perforations 2480'-2488' (16H); 2698'-2708' (20H); 2836'-2839' (6H); 2885'-2888' (6H); 2930'-2933' (3H); 2963'-2966' (6H); 3178'-3182' (8H); 3199'-3203' (8H); 3370'-78' (16H) 3425'								
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12-1/4"	8-5/8" 20#		392' KB		100			
7-7/8"	4-1/2" 9.5#		3425' KB		400			
	2 3/4"		3355					

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 9-18-74	Date of Test 9-18-74	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 Hours	Tubing Pressure -----	Casing Pressure -----	Choke Size -----
Actual Prod. During Test 100 Barrels	Oil - Bbls. 70	Water - Bbls. 30 BLW	Gas - MCF 70

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

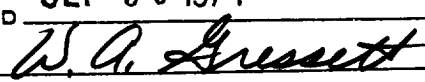
VI. CERTIFICATE OF COMPLIANCE

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.

  
(Signature)  
District Superintendent  
(Title)  
September 30, 1974  
(Date)

OIL CONSERVATION COMMISSION

SEP 30 1974

APPROVED \_\_\_\_\_, 19\_\_\_\_  
BY   
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.

