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U.S.G.S.	
AND OFFICE	
TRANSPORTER	OIL GAS
OPERATOR	1
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-111
Effective 1-1-65

RECEIVED

SEP 26 1975

I. Operator
General American Oil Company of Texas
Address
P. O. Box 416 Loco Hills, New Mexico 88255
Reason(s) for filing (Check proper box)
New Well ☒ Change in Transporter of Oil ☐
Recompletion ☐ Gas ☐ Dry Gas ☐
Change in Ownership ☐ Gashead Gas ☐ Condensate ☐
Other (Please explain)
Change lease name

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name G. J. Premier Well No. 10 Pool Name, including Formation G. J. Premier Sand Unit Kind of Lease Fed. State, Federal or Fee NM- Lease No. 0467934
Location
Unit Letter "D" 660 Feet From The North Line and 990 Feet From The West
Line of Section 27 Township 17-S Range 30-E , NMFM, Eddy County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐
Navajo Crude Oil Purchasing Company Address (Give address to which approved copy of this form is to be sent)
P. O. Box 175 Artesia, New Mexico 88210
Name of Authorized Transporter of Gashead Gas ☐ or Dry Gas ☐
Address (Give address to which approved copy of this form is to be sent)
If well produces oil or liquids, give location of tanks. Unit K Sec. 27 Twp. 17-S Rge. 30-E Is gas actually connected? NO When

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)	<input checked="" type="checkbox"/> Oil Well	<input type="checkbox"/> Gas Well	<input checked="" type="checkbox"/> New Well	<input type="checkbox"/> Workover	<input type="checkbox"/> Deepen	<input type="checkbox"/> Plug Back	<input type="checkbox"/> Same Res't.	<input type="checkbox"/> Diff. Res't.
Date Spudded 9-12-75	Date Compl. Ready to Prod. 9-24-75	Total Depth 3230'	P.B.T.D. 323 3224'					
Elevations (DE, P.K.B., RT, GR, etc.) 3636 GL	Name of Producing Formation Premier Sand	Top Oil/Gas Pay 3120'	Tubing Depth 3075'					
Perforations 3120'-3125' (12 holes)	3148'-3154' (12 holes)					Depth Casing Shoe 3230		
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12-1/4"	8-5/8" OD 23#		498' KB		100 sacks			
7-7/8"	4-1/2" OD 9.5#		3230' KB		600 sacks			
	2-1/2" EUE		3075'					

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 9-25-75	Date of Test 9-26-75	Producing Method (Flow, pump, gas lift, etc.) Flowing	
Length of Test 21 hours	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test 131 barrels	Oil-Bbls. 91	Water-Bbls. 40 L. W.	Gas-MCF Not tested

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

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.

Roy Crow
Roy Crow (Signature)
District Superintendent (Title)
September 26, 1975 (Date)

OIL CONSERVATION COMMISSION

APPROVED OCT 2 1975, 19
BY W. A. Gressett
TITLE SUPERVISOR, DISTRICT II

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 all wells 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 multiple well.