

DISTRIBUTION		5	
ANTA FE		1	
ILE		1	✓
U.S.G.S.			
AND OFFICE			
TRANSPORTER	OIL	1	
	GAS	1	
OPERATOR		1	
PERMITS 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-105
Effective 1-1-85

RECEIVED

DEC 16 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 <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"/>
Other (Please explain)	

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.
Keely "A"	24	Grayburg-Jackson & S.And.	State, Federal or Fee Fed. LC-	028784-a
Location				
Unit Letter K ; 2535 Feet From The South Line and 2615 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 Crude Oil Purchasing Company	P. O. Drawer 175 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	Phillips Building Odessa, Texas 79760					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	K	24	17-S	29-E	Yes	November 27, 1975

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		X					
Date Spudded	Date Compl. Ready to Prod.	Total Depth		P.B.T.D.				
October 27, 1975	November 27, 1975	3550'		3544'				
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay		Tubing Depth				
3612' GL	Grayburg & San Andres	2366'		3475'				
Perforations 3394'-3400'; 3220'-27'; 3033'-36'; 2980'-84'; 2950'-53'; 2911'-14'; 2904'-06'; 2898'-2901'; 2865'-68'; 2639'-44'; 2470'-74'; 2444'-47'; 2372'-76'; 2366'-68';								
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12-1/4"	8-5/8" 23#		416' KB		100			
7-7/8"	4-1/2" 9.5#		3550' KB		400			
	2-3/8" 4.7# EUE		3475'					

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.)	
December 1, 1975	November 27, 1975	Pumping	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24 hours	-----	-----	-----
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF
85 barrels	35	50 LW	100

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.

Roy Crow
Roy Crow (Signature)
District Superintendent (Title)
December 11, 1975 (Date)

OIL CONSERVATION COMMISSION

DEC 16 1975

APPROVED _____, 19____

BY W. A. Gressett

TITLE SUPERVISOR, DISTRICT I

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 zoned wells.

