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

NEW MEXICO OIL CONSERVATION COM. ON

REQUEST FOR ALLOWABLE

AND

Form C-104

Supersedes Old C-104 and C-110

Effective 1-1-85

AUTOMATICALLY BY TRANSPORT OIL AND NATURAL GAS

AUG 29 1986

O. C. D.

ARTESIA, OFFICE

Operator

GENERAL OPERATING COMPANY

Address

Suite 303, First National Bank Bldg., Artesia, NM 88210

Reason(s) for filing (Check proper box)

New Well ☐

Change In Transporter of:

Recompletion ☐Oil ☒Dry Gas ☐Change In Ownership ☐Casinghead Gas ☐Condensate ☐

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.
G-J Unit Tract 4	2	Grayburg-Jackson - S. C. O.	State, Federal or Fee Federal	LC029020g
Location				
Unit Letter J	1880	Feet From The South Line and 1980	Feet From The East	
Line of Section 22	Township 17	Range 30	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	P.O. Drawer 159, Artesia, NM 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	P.O. Box 4040 Bartlesville, OK 74004					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	P	22	17	30	yes	

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

## V. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Resv.	Diff. Resv.
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.		
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay			Tubing Depth		
Perforations						Depth Casing Shoe		
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET			SACKS CEMENT		
						Post ID-3		
						9-5-86		
						by LT: JNM		

## VI. 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.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

## 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

## I. 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.

Sammy Klein  
(Signature)

H &amp; S OIL COMPANY - AGENT

(Title)

August 28, 1986

(Date)

## OIL CONSERVATION COMMISSION

APPROVED SEP 10 1986

Original Signed By

BY Les A. Clements

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 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.