

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SALE AREA	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTED	OIL GAS
OPERATOR	
PRODUCTION 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
RECEIVED

AUG 03 1981

O. C. D.
ARTESIA, OFFICE

Operator General American Oil Company of Texas /	
Address P. O. Box 128 Loco Hills, New Mexico 88255	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well ☐	Change in Transporter oil ☐
Recompletion ☐	Oil ☒ Dry Gas ☐
Change in Ownership ☐	Casinghead Gas ☐ Condensate ☐

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

DESCRIPTION OF WELL AND LEASE

Lease Name Maddren "A"	Well No. 5	Pool Name, including Formation Grayburg-Jackson Q-G-SA	Kind of Lease State, Federal or Fee Fed. LC-05	Lease No. 3259-a
Location Unit Letter <u>G</u> ; <u>1650</u> Feet From The <u>North</u> Line and <u>2310</u> Feet From The <u>East</u> Line of Section <u>28</u> Township <u>17-South</u> Range <u>30-East</u> , NMPM, <u>Eddy</u> County				

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐ Navajo Refining Company — Pipeline Division	Address (Give address to which approved copy of this form is to be sent) North Freeman Avenue Artesia, N. M. 88255					
Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐ Phillips Petroleum Company	Address (Give address to which approved copy of this form is to be sent) Phillips Building Odessa, Texas 79761					
If well produces oil or liquids, give location of tanks.	Unit G	Sec. 28	Twp. 17S	Rge. 30E	Is gas actually connected? YES	When June 23, 1981

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

COMPLETION DATA

Designate Type of Completion — (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Fract., Diff. Reelv.
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.		
Elevations (DF, RAB, 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

TEST DATA AND REQUEST FOR ALLOWABLE (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 (pilot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size

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.

Lendell N. Hawkins
Lendell N. Hawkins (Signature)
Field Superintendent
(Title)

July 30, 1981
(Date)

OIL CONSERVATION COMMISSION

APPROVED AUG 03 1981, 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 deviated 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 re-completed 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 conditions.