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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

I. Operator **GEROR, INC.**

Address **1846 East Broadway, Tucson, Arizona 85719**

Reason(s) for filing (Check proper box) Other (Please explain)

New Well: ☒ Change in Transporter of:

Recompletion: ☐ Oil: ☒ Dry Gas: ☐

Change in Ownership: ☐ Casinghead Gas: ☐ Condensate: ☐

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name FEDERAL "19"	Well No. 1	Pool Name, including Formation Chaveroo San Andrea	Kind of Lease State, Federal or Fee Federal	Lease No. 0447010
Location				
Unit Letter 0 660 Feet From The South Line and 1980 Feet From The East				
Line of Section 19 Township 7 South Range 33 East , NMPM, Roosevelt 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"/> Permian Corporation	Address (Give address to which approved copy of this form is to be sent) Box 3119, Midland, Texas 79701					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	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 N	Sec. 19	Twp. 7 S	Rge. 33 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)	Oil Well <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Restv. <input type="checkbox"/>	Diff. Restv. <input type="checkbox"/>
Date Spudded 9-18-68	Date Compl. Ready to Prod. 10-10-68		Total Depth 4370		P.B.T.D. 4348			
Elevations (DF, RKB, RT, GR, etc.) 4436 GR 4448KB	Name of Producing Formation San Andrea		Top Oil/Gas Pay 4177		Tubing Depth			
Perforations 4177, 4209, 15, 19, 32, 35, 43, 47, 52, 59, 66, 72, 77, 83 (14 - 3/8")					Depth Casing Shoe 4358			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12 1/4	8 5/8		375		275			
7 7/8	5 1/2		4358		400			

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 10-10-68	Date of Test 10-10-68	Producing Method (Flow, pump, gas lift, etc.) Flow	
Length of Test 3 hour	Tubing Pressure 165#	Casing Pressure 750#	Choke Size 3/8"
Actual Prod. During Test 424	Oil - Bbls. 49 1/2	Water - Bbls. 0	Gas - MCF 7

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)

Agent

(Title)

10/17/68

(Date)

OIL CONSERVATION COMMISSION

APPROVED

BY

TITLE

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.