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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

GENERAL PETROLEUM, INC.

Address
P. O. BOX 840 HOBBS, NEW MEXICO 88240

Reason(s) for filing (Check proper box) Other (Please explain)
New Well ☐ Change In Transporter of: **CHANGE OF OPERATOR**
Recompletion ☐ Oil ☐ Dry Gas ☐
Change In Ownership ☒ Casinghead Gas ☐ Condensate ☐

If change of ownership give name and address of previous owner **Sun Oil Company P. O. Box 1861 Midland, Texas 79701**

II. DESCRIPTION OF WELL AND LEASE

Lease Name Z. Tayler	Well No. 1	Pool Name, Including Formation Gladiola - Devonian	Kind of Lease State, Federal or Fee Fee	Lease No.
Location Unit Letter B ; 660 Feet From The North Line and 1980 Feet From The East Line of Section 7 Township 12-S Range 38-E , NMPM, Lea 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"/> Mobil Oil Pipeline Corporation	Address (Give address to which approved copy of this form is to be sent) Box 900 Dallas, Texas					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> Warren Petroleum Corporation	Address (Give address to which approved copy of this form is to be sent) Box 1589 Tulsa, Oklahoma					
If well produces oil or liquids, give location of tanks.	Unit B	Sec. 7	Twp. 12-S	Rge. 38-E	Is gas actually connected? Yes	When July 1968

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	New Well	Workover	Deepen.	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded 12/8/56	Date Compl. Ready to Prod. 2/21/57	Total Depth 12043	P.B.T.D. 12003					
Elevations (DF, RKB, RT, GR, etc.) 3885 DF	Name of Producing Formation Devonian	Top Oil/Gas Pay 11970	Tubing Depth 11979					
Perforations 11970-11990	Depth Casing Shoe 12042							
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
17 1/2	13/3/8	335	325					
11	8 5/8	4593	2777					
7 7/8	5 1/2	12042	300					

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)

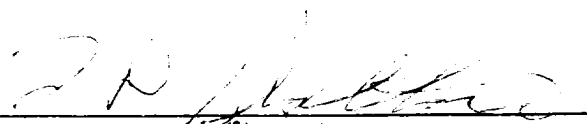
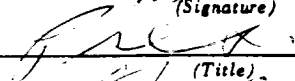
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

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

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)

(Title)
8/29/73
(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19____
BY Joe D. Ramsey Orig. Signed by
Dist. 1, Supv.
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