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GAS	<input checked="" type="checkbox"/>
OPERATOR	<input checked="" type="checkbox"/>
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NEW MEXICO OIL CONSERVATION COMMISSION  
REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

**RECEIVED**  
**OCT 1 1982**  
**O. C. D.**  
**ARTESIA, OFFICE**

Form C-104  
Superseding Old C-101 and C-11  
Effective 1-1-65

Operator  
**Cities Service Company**

Address  
**Box 1919 - Midland, Texas 79702**

Reason(s) for filing (Check proper box)		Other (Please explain)	
New Well <input type="checkbox"/>	Change in Transporter of: Oil <input checked="" type="checkbox"/> Dry Gas <input type="checkbox"/>	<b>CASINGHEAD GAS MUST NOT BE FLARED 11/11/82 UNITED STATES OF AMERICA IS OBTAINED</b>	
Recompletion <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>		
Change in Ownership <input type="checkbox"/>			

If change of ownership give name and address of previous owner \_\_\_\_\_

DESCRIPTION OF WELL AND LEASE		Well No.		Pool Name, Including Formation		Kind of Lease		Lease No.	
Federal R		1		Shugart (Y-SR-Q-G)		State, Federal or Fee Fed LC		064833	
Location									
Unit Letter <b>I</b> ; <b>2080</b> Feet From The <b>South</b> Line and <b>660</b> Feet From The <b>East</b>									
Line of Section <b>3</b> Township <b>19S</b> Range <b>31E</b> , NMPM, <b>Eddy</b> County									

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS					Address (Give address to which approved copy of this form is to be sent)					
Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>					Box 2528 - Hobbs, New Mexico 88240					
Texas New Mexico Pipeline Co.										
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	Sec.	Twp.	Rge.	Is gas actually connected?	When
					I	3	19S	31E		

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

COMPLETION DATA		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Designate Type of Completion - (X)									
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			

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 (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.

**Elmer Startz**  
(Signature)  
Region Operations Manager - Production  
(Title)  
September 29, 1982  
(Date)

OIL CONSERVATION COMMISSION

**OCT 12 1982**

APPROVED \_\_\_\_\_, 19\_\_\_\_

Original Signed By  
**Leslie A. Clements**  
Supervisor District II

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 portions 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.