

DISTRIBUTION		
SANTA FE		
FILE		
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PROBATION OFFICE		

NEW MEXICO OIL CONSERVATION COMMISSION
 REQUEST FOR ALLOWABLE
 AND
 AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
 Supersedes Old C-101 and C-11
 Effective 1-1-67

Operator
Cities Service Oil & Gas Corporation

Address
P.O. Box 1919 - Midland, Texas 79702

Reason(s) for filing (Check proper box) Other (Please explain)
 New Well Change In Transporter of: Oil Dry Gas
 Recompletion Oil Condensate
 Change In Ownership Casinghead Gas **Change of Operator's Name**
is effective April 1, 1983.

If change of ownership give name and address of previous owner **Cities Service Company - P.O. Box 1919 - Midland, Texas 79702**

DESCRIPTION OF WELL AND LEASE

Lease Name WATT A - FEDERAL	Well No. 2	Pool Name, including Formation CORBIO QUEEN	Kind of Lease State, Federal or Free FED.	Lease No. LC-062391
Location Unit Letter M ; 990 Feet From The South Line and 330 Feet From The WEST Line of Section 34 Township 17S Range 33E , NMPM, LEA County				

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> TEXAS-NEW MEXICO PIPE LINE	Address (Give address to which approved copy of this form is to be sent) Box 2528 - HOBBS NM 88240
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> PHILLIPS PETROLEUM Co.	Address (Give address to which approved copy of this form is to be sent) Box 2130 - HOBBS NM 88240
If well produces oil or liquids, give location of tanks.	Unit P Sec. 33 Twp. 17S Rge. 33E Is gas actually connected? YES When -

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	Stim. Resrv.	Unf. Resrv.
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.		
Elevations (DF, RKB, RT, CR, 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 lead 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 (flow, 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 Stutz
 (Signature)
Region Operations Manager
 (Title)
March 11, 1983
 (Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19____

BY **ORIGINAL SIGNED BY JERRY SEXTON**
 DISTRICT I SUPERVISOR

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 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 recompleted wells.
 Fill out only Sections I, II, III, and VI for change of owner, well name or number, or transporter, or other such change of conditions.

RECEIVED

MAR 28 1983

O.C.D.
HOBBS OFFICE