DISTRIBUTION		
,ANTA FE		
,ILE		
,S.G.S.		
,LAND OFFICE		
TRANSPORTER OIL		
GAS		
OPERATOR		
I. PRORATION OFFICE		

NEW MEXICO OIL CONSERVATION CO.. .SSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-104 and
Effective 1-1-65

Operator

Cities Service Company

Address

P.O. Box 1919   Midland, TX 79702

Reason(s) for filing *(Check proper box)*

New Well ☒   Change in Transporter of: Other *(Please explain)*

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	Well No.	Pool Name, Including Formation	Kind of Lease State, Federal or Fee	Lease N
S.M.G.S.A.U. TR 4	10	Maljamar (G-SA)	State	B-2229

Location

Unit Letter ___F___ ; ___2615___ Feet From The ___North___ Line and ___1420___ Feet From The ___West___

Line of Section ___29___ Township ___17S___ Range ___33E___ , NMPM, ___Lea___ Count

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒   or Condensate ☐

Texas-New Mexico Pipeline Co.

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 ☒   or Dry Gas ☐

Phillips Petroleum Co.

Address *(Give address to which approved copy of this form is to be sent)*

Phillips Bldg., Odessa, TX 79761

If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	L	29	17S	33E	Yes	

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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res
	X							

Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
8/7/78	12/6/78	4377'	4341'

Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
4066.4' GR	(G-SA)	4168'	4304'

Perforations	Depth Casing Shoe
4168-4340'	4343'

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12-1/4"	8-5/8"	1316'	650 sx
7-7/8"	5-1/2"	4343'	2350 sx

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 allo able for this depth or be for full 24 hours)
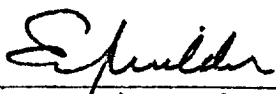
Date First New Oil Run To Tanks	Date of Test	Producing Method *(Flow, pump, gas lift, etc.)*	
10/24/78	12/6/78	Pumping	

Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24 Hours			

Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF
	53	33	15.11

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)

Region Operations Manager
(Title)

12/7/78
(Date)

OIL CONSERVATION COMMISSION

APPROVED __DEC 1~ 1978__ , 19____

BY _____

TITLE __Geologist__

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deepen 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 allow able on new and recomplated 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 multipl