

DISTRIBUTION	
AMOUNT	
FILE	
S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION 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
 Effective 1-1-65

I. OPERATOR
 Operator: Cities Service Company
 Address: P.O. Box 1919 - Midland, Texas 79702
 Reason(s) for filing (Check proper box):
 New Well Change in Transporter of:
 Recompletion Oil Dry Gas
 Change in Ownership Casinghead Gas Condensate
 Other (Please explain): Change of operator's name is effective July 1, 1977.
 If change of ownership give name and address of previous owner: Cities Service Oil Company - P.O. Box 1919 - Midland, Texas 79702

II. DESCRIPTION OF WELL AND LEASE:

Lease Name <u>STATE M</u>	Well No. <u>1</u>	Pool Name, including Formation <u>ARROWHEAD GRAYBURG</u>	Kind of Lease State, Federal or Free <u>STATE</u>	Lease No. <u>B-1481</u>
Location Unit Letter <u>M</u> <u>660</u> Feet From The <u>SOUTH</u> Line and <u>660</u> Feet From The <u>WEST</u> Line of Section <u>36</u> Township <u>21-S</u> Range <u>36 E</u> , NMPM, <u>LEA</u> 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"/> <u>TEXAS-NEW MEXICO PIPE LINE CO</u>	Address (Give address to which approved copy of this form is to be sent) <u>PO Box 1510 - Midland, Texas 79701</u>			
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> <u>GETTY OIL COMPANY</u>	Address (Give address to which approved copy of this form is to be sent) <u>Box 1731 - Midland, Texas 79701</u>			
If well produces oil or liquids, give location of tanks.	Unit <u>M</u>	Sec. <u>36</u>	Twp. <u>21S</u>	Range <u>36E</u>
	Is it actually connected? <u>YES</u> 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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Resv.	Diff. Resv.
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.R.T.D.		
Elevations (DF, RKB, RI, GR, etc.)	Name of Producing Formation		Top of Gas Day			Tubing Depth		
Perforations						Depth Casing Shoe		

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

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.

E. Spindler
 (Signature)
Region Operations Manager
 (Title)
June 10, 1977
 (Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19____
 BY Jerry Sexton Orig. Signed by
 TITLE Dist. 1, Supv.

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 multiple.

RECEIVED

JUN 1 0 1977

OIL CONSERVATION COMM.
HOBBS, N. M.