

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL <input type="checkbox"/>
	GAS <input type="checkbox"/>
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 C-11
Effective 1-1-65

I. Operator
Cities Service Company

Address
P.O. Box 1919 Midland, TX 79702

Reason(s) for filing (check proper box)

New Well <input checked="" type="checkbox"/>	Change in Transporter of:	Oil <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/>	Dry Gas <input type="checkbox"/>	Condensate <input type="checkbox"/>
Recompletion <input type="checkbox"/>					
Change in Ownership <input type="checkbox"/>					

Other (if checked)
Casinghead Gas MUST NOT BE FLARED AFTER 6/18/79 UNLESS AN EXCEPTION TO R-4070 IS OBTAINED.

If change of ownership give name and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name Thomas A	Well No. 3	Pool Name, including Formation Langlie Mattix 7 Rivers Queen	Kind of Lease State, Federal or Fee FEE	Lease No.
Location Unit Letter <u>J</u> ; <u>1980</u> Feet From The <u>South</u> Line and <u>1980</u> Feet From The <u>East</u>				
Line of Section <u>19</u> Township <u>24S</u> Range <u>37E</u> , 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"/>	Address (Give address to which approved copy of this form is to be sent)
Cities Service Company	Box 300, Tulsa, OK 74102
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)
NONE	
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When
	J 19 24S 37E NO

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 <input type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'v. <input type="checkbox"/>	Diff. Res'v. <input type="checkbox"/>
Date Spudded 3/16/79	Date Compl. Ready to Prod. 4/27/79	Total Depth 3750'	P.B.T.D. 3714'					
Elevations (DF, RKB, RT, GR, etc.) 3280.8 GR	Name of Producing Formation 7 Rivers Queen	Top Oil/Gas Pay 3477	Tubing Depth 3636'					
Perforations 4 0.40" holes @ 3477, 2- 0.40" holes each @ 3478, 3509, 3510, 3511, 3514, 3529, 3530, 3531, 3548, 3549, 3550, 3554, 3567, 3575, 3579, 3593, 3612, & 3636.								
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
12 1/4"	8-5/8"	449'	300 sx					
7-7/8"	5 1/2"	3750'	1000 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 allowable for this depth or be for full 24 hours)

Date First New Oil Run To Tanks 4/18/79	Date of Test 4/27/79	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 24 hrs	Tubing Pressure -	Casing Pressure -	Choke Size -
Actual Prod. During Test	Oil - Bbls. 85	Water - Bbls. 0	Gas - MCF 45

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

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.

J. L. Long
(Signature)
Region Operations Manager
(Title)
4/27/79
(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19____

BY [Signature]

TITLE SUPERVISOR DISTRICT I

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 completed wells.