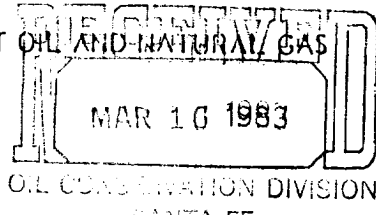


DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL GAS
OPERATOR	
PRODUCTION OFFICE	

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

Form C-104
Supersedes Old C-101 and C-11
Effective 1-1-83



Operator Cities Service Oil & Gas Corporation
 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 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 STATE DD Well No. 1 Pool Name, including Formation ATLAVO DOME AREA Kind of Lease State, ~~Lease~~ Lease No. L-5817
 Location
 Unit Letter K; 1980 Feet From The South Line and 1980 Feet From The WEST
 Line of Section 25 Township 19N Range 29E, NMPM, HARDING County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS
 Name of Authorized Transporter of Oil or Condensate
SHUT-IN CO₂ SUPPLY WELL Address (Give address to which approved copy of this form is to be sent)
 Name of Authorized Transporter of Casinghead Gas or Dry Gas
 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 Soc. Twp. Rge. Is gas actually connected? 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 Same Test's Diff. Test's
 Date Spudded Date Compl. Ready to Prod. Total Depth P.D.T.D.
 Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation Top Oil/Gas Pay Tubing Depth
 Perforations Depth Casing Shoe

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

TEST DATA AND REQUEST FOR ALLOWABLE (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 Ebls. Condensate/MCF Gravity of Condensate
 Testing Method (spot, 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
 (Title)
March 14, 1983
 (Date)

OIL CONSERVATION COMMISSION
 APPROVED 3-16, 19 83
 BY Carl Wilson
 TITLE DISTRICT SUPERVISOR
 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 for new and re-completed 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.