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LOGS	
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 C-110
Effective 1-1-65

Cities Service Oil Company

Box 69, Hobbs, New Mexico

Reason(s) for filing (check proper box)

New well

Change in location

Change in ownership

Change in Transporter of:

Oil

Casinghead Gas

Dry Gas

Condensate

Other (Please explain)

Change well name from Carper-Wyatt-Federal #1 to Wyatt "B"-Federal #1

Change of ownership give name and address of previous owner

James P. Dunigan - Abilene, Texas

II. DESCRIPTION OF WELL AND LEASE

Well Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
Wyatt "B"-Federal	1	Corbin Abo-Abo Reef	State, Federal or Fee Federal	LC-062391
Location	Feet From The	Line and	Feet From The	
P 990	South	330	East	
Section	Township	Range	NMPM,	County
33	17S	33E	Lea	

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Designated 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)
Texas-New Mexico Pipeline Co.	Box 1510 - Midland, Texas
Designated Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Phillips Petroleum Co.	Box 6666 - Odessa, Texas
Is gas actually connected? When	
Yes 4-15-61	

If 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'tv.	Diff. Res'tv.
Completed								
Date Compl. Ready to Prod.	Total Depth	P.B.T.D.						
Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth						
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 of Test	Producing Method (Flow, pump, gas lift, etc.)
Tubing Pressure	Casing Pressure
Oil - Bbls.	Water - Bbls.
	Gas - MCF

GAS WELL

Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
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)

District Admin. Supervisor

(Title)

May 20, 1970

(Date)

OIL CONSERVATION COMMISSION

APPROVED

MAY 25 1970

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BY

SUPERVISOR DISTRICT

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.

44-111-108

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MAY 22 1970

OIL CONSERVATION COMM.
HOUSTON, N. H.