STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

** ** (***** ***	***	1	
DISTRIBUTION			
SANTA FE			
FILE			
U.8.0.4.			
LAND OFFICE			
TRAMSPORTER	DIL		
	GAS		
OPERATOR			
PROBATION OFFICE			

OIL CONSERVATION DIVISION P. O. BOX 2088 SANTA FE, NEW MEXICO 87501

Form C-104
Revised 10-01-78
Format 06-01-83
Page 1

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

AUTHORIZATION TO TRANSF	OR FOR AND HATCHAL DIE			
Por@1of				
Cities Service Oil & Gas Corp.				
deress service off a das co.p.				
P.O. Box 50250 - Midland, Texas 79710				
leason(s) for filing (Check proper box)	Other (Please explain)			
New Well Change in Transporter of:	·			
Recompletion X OII Dry	Ges			
	ndensate .			
A) Crisings in Color				
change of ownership give name Steve Sell #5 Corbin Fed	eral '			
P.O. Box 5061 - Midland	Texas 79704			
DESCRIPTION OF WELL AND LEASE				
well No. Pool Name, Including				
Federal AH 5 Corbin Yates	State, Federal or Fee Fed. LC 029489(a)			
ocation	<u> </u>			
Unit Letter I 2310 Feet From The South Line	and 330 Feet From The East			
Unit Letter				
Line of Section 9 Township 18S Range	33E , NMPM, Lea County			
II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL	GAS Address (Give address to which approved copy of this form is to be sent)			
Name of Authorized Transporter of Oil X or Condensate	A34:000 (0.000 DD)			
Koch Oil Company	P.O. Box 3609 - Midland, Texas 79702 Address (Give address to which approved copy of this form is to be sent)			
Name of Authorized Transporter of Casinghead Gas X or Dry Gas				
Conoco, Inc.	P.O. Box 460 - Hobbs, New Mexico 88240			
If well produces oil or liquids, Unit Sec. Twp. Rgs.	is gas actually connected? When			
give location of tanks.	Yes			
I this production is commingled with that from any other lease or pool,	give commingling order number:			
NOTE: Complete Parts IV and V on reverse side if necessary.	11			
VI. CERTIFICATE OF COMPLIANCE	OIL CONSERVATION DIVISION			
	5 F F A A A A A A A A A A A A A A A A A			
hereby certify that the rules and regulations of the Oil Conservation Division have	APPROVED			
been complied with and that the information given is the and complete to the best of	BY SPATION			
my knowledge and belief.	ORIGINAL SIGNED BY JERRY SEXTON DISTRICT I SUPERVISOR			
	TITLE DISTRICT I SOFACTION			
0/11/2	This form is to be filed in compliance with RULE 1104.			
If the a sequest for allowable for a newly drilled or deepens				
(Signature)	well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.			
District Operations Manager - Production	All sections of this form must be filled out completely for allow			
(Tule)	All sections of this form must be inted out completely for allowable on new and recompleted wells.			
February 23, 1988	THE COLUMN SECTIONS I II III, and VI for changes of owner			
(Date) well name or number, or transporter, or other such change of Co				
	Separate Forms C-104 must be filed for each pool in multiply completed wells.			
	in completes wells.			

Designate Type of Complete	tion - (X) Gas We	II New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'	
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.	
Elevations (DF, RKB, RT, GR, etc.,	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth	
Perforations			Depth Casing Shoe	
	TUBING, CASING,	AND CEMENTING RECORD		
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
OIL WELL	T FOR ALLOWABLE (Test must able for the	is depth or be for full 24 hours;	oil and must be equal to or exceed top allo	
Date First New Oil Run To Tanks	Date of 188t	bloggerid warner (t. 10m) hamb! to	Producing Method (Flow, pump, gas lift, etc.)	
Length of Teet	Tubing Pressure	Casing Pressure	Choke Size	
Actual Prod. During Tost	Ott-Bbis.	Water - Bble.	Ges - MCF	
GAS WELL		<u> </u>	····	
Actual Prod. Test-MCF/D	Length of Test	Bbis. Condensate/MMCF	Gravity of Condensate	
Testing Method (pilot, back pr.)	Tubing Pressure (Shat-in)	Cosing Pressure (Shut-in)	Choke Size	



IV. COMPLETION DATA