

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-102
 Effective 1-1-65

Operator Cities Service Oil & Gas Corporation

Address P.O. Box 1919 - Midland, Texas 79702

Reason(s) for filing (Check proper box) Other (Please explain)

New Well Change in Transporter of:
 Oil Dry Gas
 Recompletion Oil Dry Gas
 Change in Ownership Casinghead Gas Condensate 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: CB Well No. 2 Pool Name, Including Formation CORBIN ABO Kind of Lease STATE Lease No. B.S310

Location
 Unit Letter G; 2310 Feet From The NORTH Line and 1700 Feet From The EAST
 Line of Section 32 Township 17S Range 33E NMPM, LEA County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil or Condensate
TEXAS-NEW MEXICO PIPE-LINE Address (Give address to which approved copy of this form is to be sent)
Box 2528 - HOBBS, NM 88240

Name of Authorized Transporter of Casinghead Gas or Dry Gas
PHILLIPS PETROLEUM CO. Address (Give address to which approved copy of this form is to be sent)
Box 2130 - HOBBS, NM 88240

If well produces oil or liquids, give location of tanks. Unit G Sec. 32 Twp. 17S Rge. 33E Is gas actually connected? YES 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	Since item's	Dist. Res't's
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.O.T.D.		
Elevations (DF, R&B, RT, CR, 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

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/MCF	Gravity of Condensate
Testing Method (flow, 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 Stantz
 (Signature)
Region Operations Manager
 (Title)
March 14, 1983
 (Date)

OIL CONSERVATION COMMISSION
APR 8 1983
 APPROVED _____, 19____
 BY ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR
 TITLE _____

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 district 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.

RECEIVED

MAR 28 1983

O.C.D.
HOBBS OFFICE