

DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL GAS
OPERATOR	
PROBATION 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-111
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)
 New Well Change in Transporter of: Oil Dry Gas
 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 Unit, Tract #4 Well No. 13 Pool Name, including Formation Melhorn at Grayburg - San Andres Kind of Lease B Lease No. 2229
 Location SE 1/4 of NE 1/4 of Sec 29, T17S, R33E, NMPM, L27
 Unit Letter F; 1485 Feet From The North Line and 2400 Feet From The West
 Line of Section 29 Township 17S Range 33E, NMPM, L27 County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS
 Name of Authorized Transporter of Oil or Condensate Texas-New Mexico Pipeline Co. Address (Give address to which approved copy of this form is to be sent) Box 2528 - Hobbs, New Mexico 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, New Mexico 88240
 If well produces oil or liquids, give location of tanks. Unit L Sec. 29 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 Same test's. Diff. test's.
 Date Spudded _____ Date Compl. ready to Prod. _____ Total Depth _____ P.D.T.D. _____
 Elevations (DF, RKB, RT, CR, 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 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 (pilot, 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 Stutz
 (Signature)
Region Operations Manager
 (Title)
March 11, 1983
 (Date)

OIL CONSERVATION COMMISSION
APR 8 1983
 APPROVED _____, 19____
 ORIGINAL SIGNED BY JERRY SENIOR
 DISTRICT 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 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 deepened 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 conditions.