

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 OIL 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) Other (Please explain)  
 New Well  Change in Transporter of:  
 Recompletion  Oil  Dry Gas  Change of Operator's Name  
 Change in Ownership  Casinghead Gas  Condensate  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 STATG BF Well No. 2 Pool Name, including Formation TRAS YATES SR WEST Kind of Lease STATE Lease No. E-3441  
 Location Unit Letter K; 1980 Feet From The SOUTH Line and 1980 Feet From The WEST  
 Line of Section 16 Township 20S Range 33E, NMPM, LEA County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS  
 Name of Authorized Transporter of Oil  or Condensate  TEXAS-NEW MEXICO PIPELINE Address (Give address to which approved copy of this form is to be sent) Box 2528 - HUBBS, NM 88240  
 Name of Authorized Transporter of Casinghead Gas  or Dry Gas  NONE 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 G Sec. 16 Twp. 20S Rge. 33E Is gas actually connected? No 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 Rest'v. Diff. Rest'v.  
 Date Spudded Date Compl. Ready to Prod. Total Depth P.B.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 (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/MSCF 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 compiled 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\_\_\_\_  
 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 depletion 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 re-completed wells.  
 Fill out only Sections I, II, III, and VI for change of owner, well name or number, or transporter, or other such change of conditions.

RECEIVED

MAR 28 1983

O.C.D.  
HOBBS OFFICE