

NEW MEXICO OIL CONSERVATION COMMISSION  
REQUEST FOR ALLOWABLE  
AND

Form C-104  
Supersedes Old C-104 and  
Effective 1-1-65

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

DISTRIBUTION	
ANTAFE	
FILE	
S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL GAS
OPERATOR	
REGISTRATION OFFICE	

**I. OPERATOR**

Operator: Cities Service Company

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

Reason(s) for filing (Check proper box)

New Well  Change In Transporter of: Oil  Dry Gas  Other (Please explain) change of operator's name is effective July 1, 1977.

Recompletion  Castinghead Gas  Condensate

Change In Ownership

If change of ownership give name and address of previous owner: Cities Service Oil Company - P.O. Box 1919 - Midland, Texas 79702

**II. DESCRIPTION OF WELL AND LEASE**

Lease Name: <u>State BF</u>	Well No.: <u>2</u>	Pool Name, including Formation: <u>Leas. Yates, Seven Rivers, West</u>	Kind of Lease: <u>State</u>	Lease #: <u>E-3441</u>
Location: <u>K 1980</u>	Fees From The: <u>South</u>	Line and: <u>1980</u>	Fees From The: <u>West</u>	
Line of Section: <u>16</u>	Township: <u>20S</u>	Range: <u>33E</u>	NMFM, <u>Lea</u>	County:

**III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS**

Name of Authorized Transporter of Oil  or Condensate : Texas-New Mexico Pipeline Company

Address (Give address to which approved copy of this form is to be sent): Box 1510 - Midland, Texas 79701

Name of Authorized Transporter of Castinghead 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: G 16 20S 33E

Is gas actually connected? Yes When: -

**IV. COMPLETION DATA**

If this production is commingled with that from any other lease or pool, give commingling order number:

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'ty.	Diff. Res'ty.
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		

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 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/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	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.

E. Spaulder  
(Signature)  
Region Operations Manager  
(Title)  
6/10/77  
(Date)

**OIL CONSERVATION COMMISSION**

APPROVED \_\_\_\_\_, 19\_\_

BY Jerry Barton  
Dist. 1. Supv.

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 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 well in multiple.

RECEIVED

JUN 17 1977

U.S. DEPARTMENT OF COMMERCE  
WASHINGTON, D.C.