

OPERATION	
SALE	
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-11  
 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  Condensate   
 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 State E Well No. 3 Pool Name, including Formation Eunice Monument (G-SA) Kind of Lease State Lease No. 13-1481  
 Location Unit Letter L; 198E Feet From The South Line and 660 Feet From The West  
 Line of Section 30 Township 19S Range 37E, NMPM, LEA 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   
WITTEN PETROLEUM CO. Address (Give address to which approved copy of this form is to be sent) Box 1197 - Eunice, New Mexico 88231  
 If well produces oil or liquids, give location of tanks. Unit K Sec. 30 Twp. 19S Rge. 37E 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 Sure Res'v. Unf. Res'v.  
 Date Spudded \_\_\_\_\_ Date Compl. ready to Prod. \_\_\_\_\_ Total Depth \_\_\_\_\_ P.D.T.D. \_\_\_\_\_  
 Elevations (OF, 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 lead 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 Startz  
 (Signature)  
Region Operations Manager  
 (Title)  
March 14, 1983  
 (Date)

OIL CONSERVATION COMMISSION  
 APPROVED APR 8 1983, 19\_\_\_\_  
 BY JERRY SEXTON  
 TITLE SUPERVISOR  
 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 allowables to be calculated.  
 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.

RECEIVED

MAR 28 1983

O.C.D.  
HOBBBS OFFICE