

NEW MEXICO OIL CONSERVATION COMMISSION
 REQUEST FOR ALLOWABLE
 AND
 AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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

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| DISTRIBUTION | | |
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| LE | | |
| S.G.S. | | |
| AND 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:
 Recombination Oil Dry Gas
 Change in Ownership Castoreum Gas Condensate
 Other (if lease explain): change of operator's name is effective July 1, 1977.
 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: State E Well No.: 4 Well Name, including Permutation: Emice Monument (G-5A) Kind of Lease: State Lease # B-1481
 Location: M 330 Feet From The South Line and 390 Feet From The West Line of Section 30 Township 19S Range 37E N.M.P.M. LCB County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS
 Name of Authorized Transporter of Oil or Condensate
Texas-New Mexico Pipe Line Company Address (Give address to which approved copy of this form is to be sent) Box 1510 - Midland, Texas 79702
 Name of Authorized Transporter of Castoreum Gas or Dry Gas
Warren Petroleum Corporation Address (Give address to which approved copy of this form is to be sent) Box 67 - Monument, New Mexico 88265
 If well produces oil or liquid, give location of tanks: N 30 19S 37E Is it 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 Reel Diff. Reel
 Date Spudded _____ Date Compl. Ready to Prod. _____ Total Depth _____ P.B.T.D. _____
 Elevations (DE, RKB, RL, GR, etc.) _____ Name of Producing Formation _____ Top Oil/Gas Day _____ Tubing Depth _____
 Perforations _____ Depth Casing Shoe _____
 TUBING, CASING, AND CEMENTING RECORD

| HOLE SIZE | CASING & TUBING SIZE | DEPTH SET | SACKS CEMENT |
|-----------|----------------------|-----------|--------------|
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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 (pilot, 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. Spulder
 (Signature)
Region Operations Manager
 (Title)
6/10/77
 (Date)

OIL CONSERVATION COMMISSION
 APPROVED _____, 19____
 BY _____
 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 Form C-104 must be filed for each pool in multiple.