

DEPARTMENT	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL GAS
OPERATOR	
PRODUCTION OFFICE	

NEW MEXICO OIL CONSERVATION COMMISSION

Form C-104
Supersedes Old C-101 and C-111
Effective 1-1-83

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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: Oil Dry Gas Change of Operator's Name

Recompletion Oil Castinghead Gas Condensate is effective April 1, 1983.

Change in Ownership

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 <u>STATE S</u>	Well No. <u>1</u>	Pool Name, including Formation <u>DRINKARD</u>	Kind of Lease State, Federal or Fee <u>STATE</u>	Lease No. <u>B-1481</u>
Location Unit Letter <u>E</u> ; <u>1980</u> Feet From The <u>NORTH</u> Line and <u>660</u> Feet From The <u>WEST</u>	Line of Section <u>15</u>	Township <u>21S</u>	Range <u>37E</u>	County <u>LEA</u>

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> <u>TEXAS-NEW MEXICO PIPELINE</u>	Address (Give address to which approved copy of this form is to be sent) <u>Box 2528 - HOBBS, NM 88240</u>
Name of Authorized Transporter of Castinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> <u>GETTIE OIL CO.</u>	Address (Give address to which approved copy of this form is to be sent) <u>Box 1137 - EUNICE, NM 88231</u>
If well produces oil or liquids, give location of tanks. Unit <u>E</u> Sec. <u>15</u> Twp. <u>21S</u> Rge. <u>37E</u>	Is gas actually connected? <u>YES</u> When <u>—</u>

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 Res'v.	Diff. Res'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		

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

TEST DATA AND REQUEST FOR ALLOWABLE (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	Lbbs. Condensate/MMCF	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 Stutz
(Signature)
Region Operations Manager
(Title)
March 14, 1983
(Date)

OIL CONSERVATION COMMISSION

APPROVED APR 8 1983, 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 completion 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 changes of owner, well name or number, or transporter, or other such change of conditions.

RECEIVED

MAR 28 1983

O.C.D.
HOBBS OFFICE