

DISTRIBUTION		6
AMT A FE		1
ILE		1
S.G.S.		
AND OFFICE		
TRANSPORTER	OIL	1
	GAS	2
OPERATOR		1
PRODUCTION OFFICE		

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

RECEIVED

JUN 16 1977

I. Operator Cities Service Company **O. C. C.**  
Address P.O. Box 1919 - Midland, Texas 79702 **ARTESIA, OFFICE**  
Reason(s) for filing (check proper box) change of operator's name is effective July 1, 1977.  
New Well ☐ Change in Transporter of: ☐  
Recompletion ☐ Oil ☐ Dry Gas ☐  
Change in Ownership ☒ Casinghead Gas ☐ Condensate ☐  
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 Government AACom 1 Well No. 1 Pool Name, including Formation Burton Flat Morrow Kind of Lease Federal Lease No. 18293  
Location C 660 Feet From The North Line and 1980 Feet From The West  
Line of Section 23 Township 20.5 Range 28E NMPM, Eddy County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS  
Name of Authorized Transporter of Oil ☐ or Condensate ☒  
The Permian Corporation Address (Give address to which approved copy of this form is to be sent) Box 1183 - Houston, Texas 77001  
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☒  
El Paso Natural Gas Company (77.7 m8%) Address (Give address to which approved copy of this form is to be sent) Box 1384 - Jol. New Mexico 88252  
Llano, Inc. (22.2222%) Box 1320 - Hobbs, New Mexico 88240  
If well produces oil or liquids, give location of tanks. Unit C Sec. 23 Twp. 20.5 Range 28E Is gas actually connected? yes When 2-19-75  
4-7-75

If this production is commingled with that from any other lease or pool, give commingling order number: \_\_\_\_\_  
IV. COMPLETION DATA  
Designate Type of Completion - (X) ☐ Oil Well ☐ Gas Well ☐ New Well ☐ Workover ☐ Deepen ☐ Plug Back ☐ Same Rest. ☐ Diff. Rest.  
Date Spudded \_\_\_\_\_ Date Compl. Ready to Prod. \_\_\_\_\_ Total Depth \_\_\_\_\_ P.B.T.D. \_\_\_\_\_  
Elevations (DF, RAB, RT, GR, 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 \_\_\_\_\_

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 JUL 20 1977  
BY W. A. Gussert  
TITLE SUPERVISOR, DISTRICT II  
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 filled for each pool in multiple.