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LAND OFFICE	
TRANSPORTER	OIL GAS
OPERATOR	
PRORATION OFFICE	

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
HOBBS OFFICE B.G.B.
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS
MAR 14 2 08 PM '66

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

I. OPERATOR Cities Service Oil Co.	
A. ADDRESS Box 69 - Hobbs, New Mexico 88240	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input type="checkbox"/>	Report Casinghead Gas Transporter
Recompletion <input type="checkbox"/>	
Change in ownership <input type="checkbox"/>	
Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name State AD	Well No. 6	Pool Name, including Formation Mescalero San Andres	Kind of Lease State, Federal or Fee State
Location			
Unit Letter H	1980	Feet From The North	Line and 330
Feet From The East			
Line of Section 22	Township 10S	Range 32E	NMPM, Lea
			County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Magnolia Pipeline Co.	Address (Give address to which approved copy of this form is to be sent) Box 900 - Dallas 21, Texas	
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Warren Petroleum Corp.	Address (Give address to which approved copy of this form is to be sent) Box 1589 - Tulsa 2, Oklahoma	
If well produces oil or liquids, give location of tanks.	Unit I	Sec. 22
	Twp. 10S	Rge. 32E
	Is gas actually connected? yes	
	When 3-8-66	

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	Deeper	Plug Back	Same Restv.	Diff. Restv.
Date Drilled	Date Compl. Ready to Prod.		Total Depth		B.H.T.D.			
Name of Producing Formation	Top Oil/Gas Pay		Tubing Depth		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	Casing Pressure	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.

C. J. ...
(Signature)

District Clerk

(Title)

3-11-66

(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 Sections I, II, III, and VI only 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 pool in multiply completed wells.