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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-104 and C-110
Effective 1-1-65

1. Cities Service Oil Company	
P.O. Box 69 - Hobbs, New Mexico	
Reasons for filing (Check proper box)	
Oil <input checked="" type="checkbox"/>	Change in transporter oil <input type="checkbox"/>
Gas <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
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	
State AD	Well No. 7
Pool Name, including Formation Mescalero San Andres	
Kind of Lease State, Federal or Fee State	
Section 0 660 Feet From Line South Line and 1830 Feet From The East	
Range 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"/>	Address (Give address to which approved copy of this form is to be sent)
Cities Service Oil Co. (Trucks)	Vaughn Bldg. - Midland, Texas
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
-	-
How produced oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When
	I 22 10S 32E GOR TSTM -

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 <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> New Well <input checked="" type="checkbox"/> Workover <input type="checkbox"/> Deepen <input type="checkbox"/> Plug Back <input type="checkbox"/> Same Res'v. <input checked="" type="checkbox"/> Diff. Res'v. <input type="checkbox"/>
Date Completed 2-10-65	Date Compl. Ready to Prod. 4-5-65
Total Depth 4400	P.B.T.D. 4078
Name of Producing Formation Mescalero	Top Oil/Gas Pay 4051
Tubing Depth 3971	Depth Casing Shoe 4399
1 hole each @ 4051, 4053, 4055, 4057, 4060, 4064 & 4068	

TUBING, CASING, AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
11 1/2"	8 5/8"	1658	464 sacks (circulated)
7 7/8"	4 1/2"	4399	250 sacks

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 of Test 2-25-65	Date of Test 4-5-65
Producing Method (Flow, pump, gas lift, etc.) Pumping	
Duration of Test 24 hrs.	Tubing Pressure -
Casing Pressure -	Choke Size -
Water-Hbbs. 14	Gas-MCF TSTM

GAS WELL	
Length of Test	Bbbs. Condensate/MMCF
Gravity of Condensate	
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.	
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.	

District Clerk

April 7, 1965