

DISTRIBUTION		
ANTALF		
ILF		
S.G.S.		
AND 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  
 Effective 1-1-65

**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  Casinghead Gas  Condensate   
 Other (Please 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 <u>State CD</u>	Well No. <u>1</u>	Pool Name, including Formation <u>Majamar G-5A</u>	Kind of Lease State, Federal or Free State <u>State</u>	Lease No. <u>B-5310</u>
Location Unit Letter <u>K</u> <u>2310</u> Feet From The <u>South</u> Line and <u>2310</u> Feet From The <u>West</u>				
Line of Section <u>32</u>	Township <u>17S</u>	Range <u>33E</u>	County <u>Lee</u>	

**III. 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 Co.</u>	Address (Give address to which approved copy of this form is to be sent) <u>Box 1510 - Midland, Texas 79701</u>
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> <u>Phillips Petroleum Company</u>	Address (Give address to which approved copy of this form is to be sent) <u>Phillips Building - Midland, Tx. 79701</u>
If well produces oil or liquids, give location of tanks. Unit Letter <u>K</u> Section <u>32</u> Township <u>17S</u> Range <u>33E</u>	Is gas actually connected? <u>Yes</u> When <u>-</u>

**IV. COMPLETION DATA**

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Ready	Diff. Res.
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.R.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.

*[Signature]*  
 Region Operations Manager  
 6/10/77  
 (Date)

OIL CONSERVATION COMMISSION

APPROVED JUL, 19 77  
 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 Forms C-104 must be filed for each well to maintain