

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

DISTRIBUTION		
ANTARCTIC		
ILF		
S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRODUCTION OFFICE		

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:
Recompletion 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: Brunson C Well No.: 12 Part Name, including Formation: Penrose Skelly Grayburg Kind of Lease: Fee
Location: I 1980 Feet From The South Line and 810 Feet From The East
Line of Section: 3 Township: 22S Range: 37E, N.M.M., Lea County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS
Name of Authorized Transporter of Oil or Condensate
Texas-New Mexico Pipeline Company Address: Box 1510 - Midland, Texas 79702
Name of Authorized Transporter of Casinghead Gas or Dry Gas
Greth Oil Company Address: Box 1231 - Midland, Texas 79701
If well produces oil or liquids, give location of tanks: J 3 22S 37E Is an actually connected? yes

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 Reservoir	Diff. Res.
Date Spudded	Date Compl. Ready to Prod.		Total Depth			F.B.F.D.		
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top of Gas Dry			Footing 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 6/14/77, 19____
BY Barry Sexton
TITLE Dist. I. Supv.

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 in multiple.