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LAND OFFICE	
TRANSPORTER	OIL 1 GAS
OPERATOR	2
PRORATION 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

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JUL 14 1965

I. Generator

Cities Service Oil Co.

O. C. C. ARTESIA, OFFICE

Box 69 - Hobbs, New Mexico

Reasons for filing (Check proper box)

New well ☐ Change in Transporter of: Oil ☐ Dry Gas ☐ Change well name from Russell Federal #7 to Russell C #7

Recompletion ☐ Casinghead Gas ☐ Condensate ☐

Change in Ownership ☒

If change of ownership give name and address of previous owner **Carper Drilling Co., Inc., Artesia, New Mexico**

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Russell C	Well No.	7	Sec. Name, including Formation	Empire Yates Seven Rivers	Kind of Lease	Federal
Location							
Unit Letter	0	Feet From The	4950	Line and	1650	Feet From The	east
Line of Section	35	Township	17S	Range	27E	NMPN	Eddy
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"/>	Continental Pipeline Co.			Address (Give address to which approved copy of this form is to be sent)	Artesia, New Mexico
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	none			Address (Give address to which approved copy of this form is to be sent)	
Is well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Page	Is gas actually connected? When
	0	35	17S	27E	

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 Res.	Diff. Res.
Date Spudded	Date Compl. Ready to Prod.	Total Depth		B.T.D.					
Pool	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	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.

CD Robertson
(Signature)

District Clerk
(Title)

July 1, 1965
(Date)

OIL CONSERVATION COMMISSION

APPROVED **JUL 14 1965**, 19

BY *William T. Berg*

TITLE **OIL AREA MANAGER**

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.