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	DISTRIBUTION NEW MEXICO OIL CONSERVATION COMMISSIO: Form C-104					
	SANTA FE /	DECLIEST FOR ALL OWARD F. Supercedes Old C-104 and C-11				
	FILE / /		AND	RECEIVE 1-	1-65	
	U.S.G.S. AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS				D	
	LAND OFFICE					
	TRANSPORTER OIL /	_	(P)	AUG 1 8 1969		
	GAS	4				
	PRORATION OFFICE	-		J. C. D		
1.	Operator Operator			ARTESIA, OFFICE	····	
	Cities Service Oil Company V					
	Address					
	Bex 69 - Hobbs	, New Mexico 88240				
	Reason(s) for filing (Check proper box		Other (Please expla	in)		
	New Well	Change in Transporter of:	_			
	Recompletion	Oil 🕱 Dry G	as	. /- /		
	Change in Ownership	Casinghead Gas Conde	ensate I from Contin	ental		
	If change of ownership give name					
	and address of previous owner					
II.	Lease Name	Well No. Pool Name, Including I	Formation Kind	of Lease	Lease No.	
	Magruder A	4 Empire (Yates		Federal or Fee Fed.	LC057798	
	Location	1 24110 (1000	/ MITOIO/	Total	25431130	
	/ P 330	Feet From The SOUTH Li	ne and 990 Fee	. The East		
	Unit Letter;	Feet From The	ne and Fee	t From The		
	Line of Section 35 Tov	wnship 175 Range	27E , NMPM,	Eddy	County	
III.	DESIGNATION OF TRANSPORT					
	Name of Authorized Transporter of Oil	Name of Authorized Transporter of Oil 🔊 or Condensate 🗌 Address (Give address to which approved copy of this form is to be sent)				
	Navaje Refining Company			Artesia, New Mexi		
	Name of Authorized Transporter of Casinghead Gas or Dry Gas Address (Give address to which approved copy of this form is to be sent)					
	Nano					
	If well produces oil or liquids,	Unit Sec. Twp. Rge.	Is gas actually connected?	When		
	give location of tanks.	P 35 178 27E	No			
	If this production is commingled with	th that from any other lease or pool,	give commingling order numb	er:		
IV.	COMPLETION DATA	Oil Well Gas Well	New Well Workover Dec	epen Plug Back Same R	les'v. Diff. Res'v.	
	Designate Type of Completion	$\operatorname{on} - (X)^{\bullet}$			l ł	
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.		
	Elevations (DF, RKB, 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 CI	EMENT	
	The same and secured to	OR ALLOWARIE (#				
٧.	TEST DATA AND REQUEST FOR ALLOWABLE (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	I comb of Man	Phile Condensate Agrico	Complete of Complete		
	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensa		
	Tanks Maked (nine back as 1	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size		
	Testing Method (pitot, back pr.)	runing Pressure (SNE-IN)	Oderud Liessme (Sunc-Tu)	CHOYA 2154		
				EDVATION COMMISS		
VI.	CERTIFICATE OF COMPLIANCE		OIL CONSERVATION COMMISSION			
			APPROVED AUG	APPROVED AUG 191969, 19		
	I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given		1.1 A Garage			
	above is true and complete to the best of my knowledge and belief.		BY LO, a, Doubled			

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.

DIL SEO GAS INSPECTOR

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.

TITLE .

ORIGINAL SIGNED © P. ROBERTSON

District Administrative Supervisor

August 15, 1969

(Signature)

(Title)

(Date)

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.