NO. OF COPIES RECEIVED  DISTRIBUTION  SANTA FE  / FILE  U.S.G.S.  LAND OFFICE  TRANSPORTER  GAS  OPERATOR  PROPATION OFFICE	REQUES	CONSERVATION COMMISSION T FOR ALLOWABLE AND RANSPORT OIL AND NATURAL	Form C-104 Supersedes Old C-104 and C-110 Effective 1-1-65  RECEIVED  MAR 2 0 1970		
Operator			ARTESIA, OFFICE		
Cities Service O	il Company				
Reason(s) for filing (Check proper box  New We!!  Recompletion  Change in Ownership  If change of ownership give name	Change in Transporter of: Oil  Dry (	Gas from Service			
and address of previous owner					
II. DESCRIPTION OF WELL AND Lease Name	Well No. Pool Name, Including	Formation Kind of Lea	se Lease No.		
Russell 'C'	10 Empire Abo	State, Fede	ral or Fee Federal LC-028755 (a)		
Location Unit Letter 0 ; 4	10 Feet From The <b>South</b> L	ine and 2235 Feet From	The East		
35	ownship 178 Range	27E , NMPM,	Eddy County		
II. DESIGNATION OF TRANSPOR	RTER OF OIL AND NATURAL G				
Amoco Pipeline Compan	· · · · · · · · · · · · · · · · · · ·	3411 Knoxerille Ave			
Name of Authorized Transporter of Co		Box 6666 - Odesse, To	oved copy of this form is to be sent)		
If well produces oil or liquids,	Unit Sec. Twp. Rge.	i	hen		
give location of tanks.	N 35 178 27E	Yes	5-1959		
V. COMPLETION DATA	oith that from any other lease or pool	New Well Workover Deepen	Plug Back   Same Res'v. Diff. Res'v.		
Designate Type of Completi		Track David	DRAD		
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		
	TURING CASING AL	ND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT		
V. TEST DATA AND REQUEST F		depth or be for full 24 hours)	il and must be equal to or exceed top allow-		
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		
Actual Float Dailing 1001			RECEIVED		
CAS WELL			Gravill di Condensate		
GAS WELL Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravilly of Condensate		
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Whote Start		
VI. CERTIFICATE OF COMPLIAN	NCE	OIL CONSERV	ATION COMMISSION		
		MAR 2.3 1970			
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.		BY W. a. Dressett			
•		TITLE <u>0/L 4/10</u> 0/40 1/10	2602 <b>08</b>		
DRICKS CONTRACTOR		This form is to be filed in compliance with RULE 1104.			
(Signature)  Bist. Admin. Supervisor  (Title)  Merch 17, 1970  (Date)		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 transpo	II, and VI for changes of owner, or other such change of condition.  ust be filed for each pool in multiply