

|                  |     |   |
|------------------|-----|---|
| DISTRIBUTION     |     |   |
| ANTATE           | 1   |   |
| ILE              | 7   | ✓ |
| S.G.S.           |     |   |
| LAND OFFICE      |     |   |
| TRANSPORTER      | OIL |   |
|                  | GAS |   |
| OPERATOR         | 1   |   |
| PRORATION OFFICE |     |   |

NEW MEXICO OIL CONSERVATION COMMISSION  
REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS  
**RECEIVED**

Form C-104  
Supersedes Old C-104 and  
Effective 1-1-65

JUN 16 1977

I. Operator **Cities Service Company** **O.C.C.**  
Address **ARTESIA, OFFICE**  
**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<br><b>C.O.G. Empire Abol Unit Tr. #1</b>  | Well No.<br><b>11</b> | Pool Name, Including Formation<br><b>EMPIRE Abo</b> | Kind of Lease<br>State, Federal or Fee <b>Federal</b> | Lease No.<br><b>LC-028735-1</b> |
| Location<br>Unit Letter <b>N</b> ; <b>990</b> Feet From The <b>South</b> Line and <b>1880</b> Feet From The <b>West</b><br>Line of Section <b>35</b> Township <b>17S</b> Range <b>27E</b> , NMPM, <b>Eddy</b> County |                       |   |   |                                 |

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

|  |  |
|--|--|
| Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/><br><b>This well is a gas injection well.</b> | Address (Give address to which approved copy of this form is to be sent) |
| Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>                                      | Address (Give address to which approved copy of this form is to be sent) |
| If well produces oil or liquids, give location of tanks.   | Unit Sec. Twp. Pgs.<br>Is this actually connected? When                  |

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 Rea'v. | Diff. Rea'v. |
| Date Spudded                         | Date Compl. Ready to Prod.  | Total Depth     | P.R.T.D.     |          |        |           |             |              |
| Elevations (DE, 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 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

JUL 20 1977

APPROVED \_\_\_\_\_, 19

BY **W. A. Gressett**

TITLE **SUPERVISOR, DISTRICT II**

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