DISTRIBUTION		POWER DATE OF COMMISSION		
SANTA FE /	 	CONSERVATION COMMISSION FOR ALLOWABLE	Form C-104 Supersedes Old C-104 and C-110	
FILE /~		AND AUTHORIZATION TO TRANSPORT OIL AND NATIURAL GAS AUTHORIZATION TO TRANSPORT OIL AND NATIURAL GAS AUTHORIZATION TO TRANSPORT OIL AND NATIURAL GAS 11 PN 65		
U.S.G.S.	AUTHORIZATION TO TRA	ANSPORT OIL AND NATIURAL	_ GÁS	
LAND OFFICE			7 11 PA 765	
TRANSPORTER		(~~)		
OPERATOR 2		(5/	RECEIVED	
PRORATION OFFICE	,			
Operator	√		JUL 3 0 1965	
Cities Servic	e Oil Company			
Address	•		O. C. C.	
Reason(s) for filing (Check proper	s, New Mexico	Other (Please explain)	ARTESIA, OFFICE	
New Well	Change in Transporter of:		me from Wright State #2	
Hecompletion	Oil Dry Go			
Change in Ownership	Casinghead Gas Conde		•	
If change of ownership give nar	me	_	•	
and address of previous owner		Inc., Artesia, New Me	LXIGO	
II. DESCRIPTION OF WELL A	ND I FACE	*		
Lease Name	Well No. Pool No	me, Including Formation Enpire		
Vright A State	2 Yate	as - Seven Rivers Quee	State, BOUGHERRE State	
Location				
Unit Letter;	990 Feet From The North Liv	ne and Feet Fra	om The	
Line of Section	, Township 188 Range	278 , NMPM,	County County	
Elife of Section	7 Tomicing 103	- A/-E		
II. DESIGNATION OF TRANSF	PORTER OF OIL AND NATURAL GA	AS		
Name of Authorized Transporter of	••		proved copy of this form is to be sent)	
Name of Authorized Transporter of	of Casinghead Gas or Dry Gas	Artesia, New Mexico Address (Give address to which ap	proved copy of this form is to be sent)	
None	Unit Sec. Twp. Rge.	Is gas actually connected?	When	
If well produces oil or liquids, give location of tanks.	B 2 188 27E	No		
If this production is commingle	ed with that from any other lease or pool,	give commingling order number:		
V. COMPLETION DATA	Oil Well Gas Well	New Well Workover Deepen	Plua Back Same Res'v. Diff. Res'v.	
Designate Type of Comp		I Workover Beepen	1 1 1	
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.	
Pool	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth	
			Depth Casing Shoe	
Perforations			Soptime of the state of the sta	
	TUBING, CASING, AN	D CEMENTING RECORD		
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
		<u> </u>		
V. TEST DATA AND REQUES	ST FOR ALLOWARIE (Test must be	after recovery of total volume of load	oil and must be equal to or exceed top allow-	
OIL WELL		lepth or be for full 24 hours)		
Date First New Oil Run To Tank	s Date of Test	Producing Method (Flow, pump, ga	es lift, etc.)	
	The December of the Control of the C	Casing Pressure	Choke Size	
Length of Test	Tubing Pressure	Cusing Pressure	0.000	
Actual Prod. During Test	Cil-Bbls.	Water-Bbls.	Gas-MCF	
\				
GAS WELL		Bbls. Condensate/MMCF	Gravity of Condensate	
Actual Prod. Test-MCF/D	Length of Test	Bbis. Condensate/MMC1	Gravity of Condensate	
Testing Method (pitot, back pr.)	Tubing Pressure	Casing Pressure	Choke Size	
(I	-			
VI. CERTIFICATE OF COMPI	LIANCE	OIL CONSER	RVATION COMMISSION	
		1113 3	0 1965	
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.		APPROVED, 19, 19		
		BY III LUMBER TO THE		
-		TITLE ONL DUIS SA	i replaced	
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Elhidel		This form is to be filed in compliance with RULE 1104. If this is a request for allowable for a newly drilled or deepened		
(Signature)		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 allow-		
Authorized Agent _(Title)		able on new and recompleted wells.		
July 1, 1965 (Para)		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.		
1414-14-1303	(Date)	well name or number, or trans	sporter, or other such change of condition.	

Separate Forms C-104 must be filed for each pool in multiply completed wells.