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

Form C-104
RECEIVED
Old C-101 and C-11
1-1-65

JUL 14 1982

O. C. D.
ARTESIA OFFICE

Operator Cities Service Company ✓	
Address P.O. Box 1919, Midland, Texas 79702	
Reason(s) for filing (Check proper box)	Designate Change to Transporter of:
New Well ☐	Oil ☐
Recompletion ☐	Dry Gas ☐
Change in Ownership ☐	Casinghead Gas ☐
	Condensate ☒
Other (Please explain) To Report Condensate Transporter	

If change of ownership give name and address of previous owner _____

DESCRIPTION OF WELL AND LEASE				
Lease Name State DB Com.	Well No. 1	Pool Name, including Formation Turkey Track Morrow	Kind of Lease State, Federal or Fee State	Lease No. B-8949
Location				
Unit Letter C	860	Feet From The North	Line and 2230	Feet From The West
Line of Section 3	Township 19S	Range 29E	NMPM,	Eddy County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS				
Name of Authorized Transporter of Oil ☐ or Condensate ☒	Address (Give address to which approved copy of this form is to be sent)			
The Permian Corporation	Box 1183, Houston, TX 77001			
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☒	Address (Give address to which approved copy of this form is to be sent)			
El Paso Natural Gas Company	Box 1384, Jal, New Mexico 88202			
If well produces oil or liquids, give location of tanks.	Unit C	Sec. 3	Twp. 19S	Rge. 29E
	Is gas actually connected?		When	
	Yes		6-3-82	

If this production is commingled with that from any other lease or pool, give commingling order number: _____

COMPLETION DATA									
Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Rest'v.	Diff. Rest'v.
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 CEMENT			

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	Dbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

I. CERTIFICATE OF COMPLIANCE		OIL CONSERVATION COMMISSION	
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 JUL 15 1982, 19	
Elmer Startz (Signature)		BY Mike Wilkins	
Reg. Opr. Mgr. - Prod. (Title)		TITLE OIL AND GAS INSPECTOR	
7-9-82 (Date)		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.	