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NEW MEXICO OIL CONSERVATION COMMISSION  
REQUEST FOR ALLOWABLE  
AND  
HOBBS OFFICE O. C. C.  
JUN 13 9 16 AM '68  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104  
Supersedes Old C-104 and C-110  
Effective 1-1-65

JUN 17 1968

ARTESIA, OFFICE

I. Operator  
**Cities Service Oil Company**  
Address  
**P. O. Box 69, Hobbs, New Mexico**  
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)  
**To show Transporter**

If change of ownership give name  
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE  
Lease Name **State CJ Com** Well No. **1** Pool Name, including Formation **McMillan Morrow Gas** Kind of Lease **State** Lease No. **K851**  
Location  
Unit Letter **G** **1654.9** Feet From The **North** Line and **1650** Feet From The **East**  
Line of Section **24** Township **20S** Range **26E**, NMPM, **Eddy** County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS  
Name of Authorized Transporter of Oil ☐ or Condensate ☒ **Permian Corporation** Address (Give address to which approved copy of this form is to be sent) **Midland, Texas**  
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☒ **Phillips Petroleum Company** Address (Give address to which approved copy of this form is to be sent) **Bartlesville, Oklahoma**  
If well produces oil or liquids, give location of tanks. Unit **6** Sec. **24** Twp. **20S** Rge. **26E** Is gas actually connected? **Yes** When **6-10-68**

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 Res'tv. ☐ Diff. Res'tv. ☐  
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

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		Bbls. Condensate/MMCF	Gravity of Condensate
Actual Prod. Test-MCF/D	Length of Test	Casing Pressure (Shut-in)	Choke Size
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)		

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.

ORIGINAL SIGNED  
S. D. ROBERTSON

(Signature)

District Clerk

(Title)

June 11, 1968

(Date)

OIL CONSERVATION COMMISSION  
JUN 17 1968  
APPROVED \_\_\_\_\_, 19\_\_\_\_  
BY **W. G. Gussett**  
TITLE **DEPUTY DISTRICT CLERK**

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 pool in multiply completed wells.