

DISTRIBUTION			
ANTA FE		/	
ILE		/	✓
S.G.S.			
LAND OFFICE			
TRANSPORTER	OIL	/	
	GAS	/	✓
OPERATOR		/	
PRORATION OFFICE			

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

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

JAN 30 1978

I. Operator
Cities Service Company ✓

Address
P.O. Box 1919 Midland, TX 79702

Reason(s) for filing (Check proper box)
New Well ☐ Additional
Recompletion ☐ Change in Transporter of:
Change in Ownership ☐ Oil ☐ Dry Gas ☒
Casinghead Gas ☐ Condensate ☐

Other (Please explain)

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Government R Com	Well No. 1	Pool Name, including Formation Burton Flat Morrow	Kind of Lease State, Federal or Fee Federal	Lease No. NM 6856
Location Unit Letter <u>K</u> ; <u>1830</u> Feet From The <u>South</u> Line and <u>1980</u> Feet From The <u>West</u>				
Line of Section <u>14</u> Township <u>20S</u> Range <u>28E</u> , NMFM, <u>Eddy</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> The Permian Corporation	Address (Give address to which approved copy of this form is to be sent) Box 1183, Houston, TX 77001	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> * Cities Service Company (36.82186) * El Paso Natural Gas Co. (19.07345)	Address (Give address to which approved copy of this form is to be sent) Box 300 Tulsa, OK 74102 Box 1384 Jal, NM 88252	
If well produces oil or liquids, give location of tanks. * Llano, Inc (44.10469)	Unit K	Sec. 14
	Twp. 20S	Rge. 28E
Is gas actually connected? Yes		When 1-12-78 10-29-73 88248-7-75

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res't.	Diff. Res't.
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

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.

Region Operations Manager

1-25-78

(Date)

OIL CONSERVATION COMMISSION

APPROVED JAN 31 1978

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.