

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

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

RECEIVED

MAR 20 1978

I.

DISTRIBUTION	
SALE	/
FILE	/
U.S.G.S.	/
LAND OFFICE	/
TRANSPORTER	OIL / GAS /
OPERATOR	/
PROBATION OFFICE	/

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

If change of ownership give name
and address of previous owner

O.C.C.
ARTESIA, OFFICE

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> , NMPM, Eddy County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☐ or Condensate ☒ 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 ☐ or Dry Gas ☒ Cities Service Company	Address (Give address to which approved copy of this form is to be sent) Box 300, Tulsa, OK 74102					
If well produces oil or liquids, give location of tanks.	Unit K	Sec. 14	Twp. 20S	Rge. 28E	Is gas actually connected? Yes	When 1-12-78

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	Shut Rest.	Perf. Rest.
Date Spudded	Date Compl. Ready to Prod.	Total Depth			P.D.T.D.				
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay			Testing 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 <u>Test 3</u>
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 (spot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size

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

March 16, 1978
(Date)

OIL CONSERVATION COMMISSION

APPROVED MAR 20 1978, 19
BY Mike Williams
TITLE OIL AND GAS INSPECTOR

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 a. vertical tests taken on the well in accordance with RULE 111.

All well logs of this form must be filed out completely in allowable or not allowable for production.

Fill out only Sections I, II, III, and VI for change of owner, well name or number, or transporter, or other such change of conditions.