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LAND OFFICE	/
TRANSPORTER	OIL / GAS /
OPERATOR	/
PRODUCTION OFFICE	/

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

Form C-104
Superseding Old C-101 and C-11
Effective 1-1-65

RECEIVED

MAR 20 1978

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

If change of ownership give name and address of previous owner

1. DESCRIPTION OF WELL AND LEASE

Lease Name Government Z Com	Well No. 1	Pool Name, including Formation Burton Flat Worlfcamp, North	Kind of Lease State, Federal or Fee Federal	Lease No. NM 8941
Location Unit Letter K ; 1980 Feet From The South Line and 1980 Feet From The West				
Line of Section 23 Township 20S Range 28E, NMPM, Eddy County				

1. 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. 23	Twp. 20S	Rge. 28E
	Is gas actually connected? Yes		When 11-22-77	

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

1. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res.	Diff. Res.
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

1. 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)

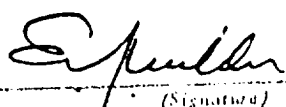
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

GAS WELL

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

1. 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

OIL CONSERVATION COMMISSION

APPROVED MAR 20 1978

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 deviation tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for allowance on new and recompleted wells.

Fill out only Sections I, II, III, and VI for change of owner. All new or modified transporter or other such change of conditions.