

DISTRIBUTION	
SANTA FE	☒
FILE	☒
U.S.G.S.	☐
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
RECEIVED
MAR 15 1983
O. C. D.
ARTESIA, OFFICE

Operator Cities Service Oil & Gas Corporation
Address P.O. Box 1919 - Midland, Texas 79702
Reason(s) for filing (Check proper box)
New Well ☐ Change in Transporter of: Oil ☐ Dry Gas ☐
Recompletion ☐ Casinghead Gas ☐ Condensate ☐
Change in Ownership ☒ Other (Please explain) Change of Operator's Name is effective April 1, 1983.
If change of ownership give name and address of previous owner Cities Service Company - P.O. Box 1919 - Midland, Texas 79702

DESCRIPTION OF WELL AND LEASE
Lease Name GOVERNMENT AA Well No. 1 Pool Name, including Formation BURTON FLAT MCKROW Kind of Lease Fee State, Federal or Fee SW-951
Location
Unit Letter C : 660 Feet From The NORTH Line and 1980 Feet From The WEST
Line of Section 23 Township 20S Range 28E , 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)
PERMIAN CORPORATION Permian (EH 571/87) Box 1183 - Houston, Texas 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)
NONE
If well produces oil or liquids, give location of tanks. Unit Sec. Twp. Rge. Is gas actually connected? When
NO - WELL TA.

If this production is commingled with that from any other lease or pool, give commingling order number:
COMPLETION DATA
Designate Type of Completion - (X)
Date Spudded Date Compl. Ready to Prod. Total Depth P.D.T.D.
Elevations (DF, RKB, RT, CR, etc.) Name of Producing Formation Top Oil/Gas Pay Taking 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 Bbls. Condensate/MMCF Gravity of Condensate
Testing Method (flow, 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.
Elmer Stutz (Signature)
Region Operations Manager (Title)
March 14, 1983 (Date)
OIL CONSERVATION COMMISSION
APPROVED MAR 22 1983
Original Signed by Leslie A. Crummett
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 portions 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.