

| | | |
|------------------|-----|---|
| DISTRIBUTION | 5 | |
| SANTA FE | 1 | |
| FILE | 1 | ✓ |
| U.S.G.S. | | |
| LAND OFFICE | | |
| TRANSPORTER | OIL | 1 |
| | GAS | 1 |
| OPERATOR | | 1 |
| 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 C-111
Effective 1-1-65

RECEIVED

APR 14 1975

I. Operator
Cities Service Oil Company ✓
Address
P.O. Box 1919 - Midland, Texas 79701
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)
B. C. C.
ARTESIA, OFFICE

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

| | | | | |
|--|---------------|--|---|-----------------------|
| Lease Name Government AB | Well No. 1 | Pool Name, including Formation Burton Flat Morrow | Kind of Lease State, Federal or Fee Fed. | Lease No. NM 15003 |
| Location Unit Letter K, 1980 Feet From The South Line and 1980 Feet From The West Line of Section 11 Township 20S Range 28E, NMPM, Eddy 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, Texas 77001 | | | | |
| Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> El Paso Natural Gas Company | Address (Give address to which approved copy of this form is to be sent) Box 1384 - Jal, New Mexico 88252 | | | | |
| If well produces oil or liquids, give location of tanks. | Unit K | Sec. 11 | Twp. 20S | Rge. 28E | Is gas actually connected? No/yes When 4-9-75 |

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'v. | Diff. Res'v. |
| | | X | X | | | | | |
| Date Spudded 11-17-74 | Date Compl. Ready to Prod. 2-23-75 | | Total Depth 11,447' | | P.B.T.D. 11,386' | | | |
| Elevations (DF, RKB, RT, GR, etc.) 3571' GR | Name of Producing Formation Morrow | | Top Oil/Gas Pay 11,093' | | Tubing Depth 10,949' | | | |
| Perforations 1-0.44" hole each @ 11,093', 11,095', 11,100', 11,103', 11,105', 11,107', 11,109', 11,111', 11,113', 11,115', 11,259', 11,261', 11,263', 11,313', 11,315', 11,317' and TUBING, CASING, AND CEMENTING RECORD 11,319' | | | | | Depth Casing Shoe 11,447' | | | |
| HOLE SIZE | CASING & TUBING SIZE | | DEPTH SET | | SACKS CEMENT | | | |
| 17-1/2" | 13-3/8" | | 590' | | 630 sacks (circulated) | | | |
| 12-1/4" | 9-5/8" | | 3000' | | 1250 sacks (circulated) | | | |
| 8-3/4" | 5-1/2" | | 11447' | | 1000 sacks (TC @ 8400') | | | |

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 2600 | Length of Test 24 Hrs. | Bbls. Condensate/MMCF 3.85 | Gravity of Condensate 55.1° |
| Testing Method (pilot, back pr.) Back Pressure | Tubing Pressure (shut-in) 3500# | Casing Pressure (shut-in) | Choke Size 1" |

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 Operation Manager
April 11, 1975

OIL CONSERVATION COMMISSION

APPROVED APR 23 1975
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 pool in multiple