	DISTRIBUTION ANTA FE FILE U.S.G.S. LAND OFFICE IRANSPORTER OIL OIL DISTRIBUTION NEW MEXICO OIL C REQUEST AUTHORIZATION TO TRA				FOR ALLOWABI	LE	Supersed Effective	Form C-104 Supersedes Old C-104 and C-11 Effective 1-1-65	
1.	GAS OPERATOR PRORATION OFFICE						RECE	RECEIVED	
	Operator Cities Service Oil Company				APR 1 4 1975				
	Address Box 1919 - Midland, Texas 79701						a. c. 1		
	Reason(s) for filing (Check proper box) New Well X Change in Transporter of:				Other (Pl	lease explain)		ninger Milliger	
	Recompletion Change in Ownership	011 Casinghead G	as	Dry Go Conde					
	If change of ownership give name and address of previous owner						·····		
82.	DESCRIPTION OF WELL AND LEASE North Burton Flat - ataka har								
	Lease Name Weil No. Pool Name, Including Formation Kind of Lease							Lease No.	
	Government AC	1 1	deergna4	berd A	toka Sand	State, Feder	alor Fee Federa	al LC 050797	
	Unit Letter N ; 66	O Feet From Th		1Lir	ne and 1980	Feet From	The West		
	Line of Section 15 To	wnship 205	Rar	nge	28E , NK	мрм, Eddy		County	
m.	DESIGNATION OF TRANSPOR	TER OF OIL AN		AL GA	S				
	Name of Authorized Transporter of OL The Permian Corporatic	Name of Authorized Transporter of Oll or Condensate X The Permian Corporation				Address (Give address to which approved copy of this form is to be sent) Rox 1782 Houston Morror 27001			
	Name of Authorized Transporter of Casinghead Gas or Dry Gas 🛣				Box 1183 - Houston, Texas 77001 Address (Give address to which approved copy of this form is to be sent)				
	El Paso Natural Gas Company				Box 1384 - Jal, New Mexico 88252				
	If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. N 15 20S 28E			Is gas actually connected? When NO				
	If this production is commingled wi COMPLETION DATA	th that from any ot	her lease o	r pool,	give commingling o	order number:			
	Designate Type of Completion - (X)					ver Deepen	Plug Back Same	Res'v. Diff. Res'v.	
	Date Spudded	Date Compl. Ready	1		Total Depth	i	P.B.T.D.		
	1-9-75 Elevations (DF, RKB, RT, GR, etc.)	4-7-75		·····	11,520' Top Oil/Gas Pay		10,800'		
	3241 GR	Name of Producing Formation Atoka Sand			10,589'		Tubing Depth 10,479		
	Perforations 2-0.1:9" holes each @ 10,589', 10,591' 10,665', 10,707' and 10,709'.				, 10,593', 10,595',		Depth Casing Shoe 11,519		
	TUBING, CASING, AN			D CEMENTING RECORD					
	HOLE SIZE		CASING & TUBING SIZE			6201		SACKS CEMENT 700 sacks(circulated)	
	12-1/4"	9-5/			30001		1550 sacks(
	8-3/4"	5-1/2"			1151	91	900 sacks	(TC @ 8140')	
	TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed t ON WELL								
i	OHL WELL able for this de 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-Bols.			Water - Bble.		Gas - MCF		
	GAS WELL								
ſ	Actual Prod. Test-MCF/D 974	Length of Test 7 Hrs.			Bbls. Condensate/MMCF 5.5		Gravity of Condensate 56 ⁰		
ŀ	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)			Casing Pressure (Shut-in)		Choke Size		
	Back Pressure								
/1.	CERTIFICATE OF COMPLIANCE				OIL CONSERVATION COMMISSION 31975 APPROVED, 19				
1	I hereby certify that the rules and a Commission have been complied v								
1	above is true and complete to the best of my knowledge and belief.				BY SUPERVISOR, DISTRICT II				
	S_{1}				This form is to be filed in compliance with RULE 1104.				
-	(Signature) Region Operation Manager (Title)				If this is a request for allowable for a newly drilled or deepend 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 allow-				
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-	April 11, 1975				able on new and recompleted wells. Fill out only Sections I, II, III, and VI for changes of owner, well some or number or transporter or other such change of condition.				
	(Date)			well name or number, or transporter, or other such change of condition.					