

DISTRIBUTION			
SANTA FE			
FILE			
U.S.G.S.			
LAND OFFICE			
TRANSPORTER	OIL		
	GAS		
OPERATOR			
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-110
Effective 1-1-65

RECEIVED

AUG 18 1975

Operator Cities Service Oil Company ✓		O. C. C. ARTESIA, OFFICE	
Address Box 1919 - Midland, Texas 79701			
Reason(s) for filing (Check proper box)		Other (Please explain)	
New Well <input type="checkbox"/>	Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>	To report gas transporters connection date....	
Recompletion <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>		
Change in Ownership <input type="checkbox"/>			

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE		2-5171		
Lease Name Government AC Com.	Well No. 2	Pool Name, including Formation Undesignated Atoka Sand North, Burton, West atoka	Kind of Lease State, Federal or Fee Fed.	Lease No. LC 050797
Location Unit Letter F ; 1800 Feet From The North Line and 1980 Feet From The West Line of Section 13 Township 20S Range 28E , NMPM, Eddy County				

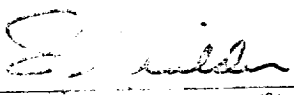
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS						
Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>		Address (Give address to which approved copy of this form is to be sent)				
The Permian Corporation		Box 1183 - Houston, Texas 77001				
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>		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 F	Sec. 13	Twp. 20S	Rge. 28E	Is gas actually connected? Yes	When August 14, 1975

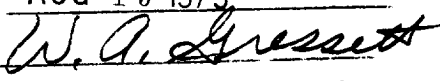
If this production is commingled with that from any other lease or pool, give commingling order number:

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

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
Actual Prod. Bbls.	Oil - Bbls.	Water - Bbls.	Gas - Bbls.

Actual Prod. Bbls.	Length of Test	Bbls. Condensate/MMCF	Gravity - Comp.
	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke

VI. CERTIFICATE OF COMPLIANCE	
I hereby certify that the well and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and correct to the best of my knowledge and belief.	
	
(Signature)	
Region Conservation Manager	
(Title)	
August 15, 1975	
(Date)	

OIL CONSERVATION COMMISSION	
APPROVED AUG 19 1975	
BY 	
TITLE SUPERVISOR, DISTRICT II	
This form is to be filed in compliance with RULE 104.	
If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a compilation of the production 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 IV, and change of owner, well name or number, or transporter, or other change of condition.	
Separate Forms C-104 must be filed for each separate well.	