

DISTRIBUTION	
ANTA FC	1
ILF	1
S.G.S.	✓
AND OFFICE	
TRANSPORTER	OIL 1
	GAS 1
OPERATOR	

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

Form C-104
Supersedes Old C-104 and
Effective 1-1-65

JUN 16 1977

I. PRODUCTION OFFICE

Operator Cities Service Company **O. C. C.**
Address ARTESIA, OFFICE
P.O. Box 1919 - Midland, Texas 79702

Reason(s) for filing (Check proper box)

New Well	<input type="checkbox"/>	Change in Transporter of:	Other (Please explain)
Recompletion	<input type="checkbox"/>	Oil <input type="checkbox"/>	<u>change of operator's name is</u>
Change in Ownership	<input checked="" type="checkbox"/>	Casinghead Gas <input type="checkbox"/>	<u>effective July 1, 1977.</u>
		Dry Gas <input type="checkbox"/>	
		Condensate <input type="checkbox"/>	

If change of ownership give name and address of previous owner Cities Service Oil Company - P.O. Box 1919 - Midland, Texas 79702

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
<u>Government AC Com</u>	<u>2</u>	<u>Buften Flat Atoka North</u>	State, Federal or Free <u>Federal</u>	<u>656797</u>
Location	Unit Letter <u>F</u>	Feet From The <u>North</u> Line and <u>1980</u>	Feet From The <u>West</u>	
Line of Section <u>13</u>	Township <u>20S</u>	Range <u>28E</u>	NMFM, <u>Eddy</u>	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)
<u>The Permian Corporation</u>	<u>Box 1183 - Houston, Texas 77001</u>
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)
<u>El Paso Natural Gas Company</u>	<u>Box 1384 - Jal. New Mexico 88252</u>
If well produces oil or liquids, give location of tanks.	Is unit actually connected? When
Unit <u>F</u> Sec. <u>13</u> Twp. <u>20S</u> Rng. <u>28E</u>	<u>yes</u> <u>8-14-75</u>

IV. COMPLETION DATA

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

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res't.	Diff. Res't.
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
Elevations (DF, RAB, 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 Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

Pos test 3 hr
20, 22

GAS WELL

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

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.

E. Spaulder
(Signature)
Region Operations Manager
(Title)
6/16/77
(Date)

OIL CONSERVATION COMMISSION

APPROVED JUL 20 1977, 19
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 filled for each pool in multiple