

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
C-104 and C-11
Effective 1-1-83

MAR 15 1983

O. C. D.
ARTESIA, OFFICE

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

DESCRIPTION OF WELL AND LEASE

Lease Name <u>GOVERNMENT AC</u>	Well No. <u>2</u> Pool Name, including Formation <u>BURTON FLAT ATRK NATH GAS</u>	Kind of Lease State, Federal or Fee <u>FEDERAL</u>	Lease No. <u>10-056797</u>
Location Unit Letter <u>F</u> : <u>1800</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> , NMPM, <u>EDDY</u> County			

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☐ or Condensate ☒ <u>PERMIAN CORPORATION</u>	Address (Give address to which approved copy of this form is to be sent) <u>Box 1183 - Houston, Texas 77001</u>		
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☒ <u>EL PASO NATURAL GAS CO.</u>	Address (Give address to which approved copy of this form is to be sent) <u>Box 1384 - JAL, New Mexico 88252</u>		
If well produces oil or liquids, give location of tanks.	Unit <u>F</u>	Sec. <u>13</u>	Twg. <u>20S</u>
	Rge. <u>28E</u>	Is gas actually connected? <u>YES</u>	When <u>8-14-75</u>

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	Shut-In	Prod. Restv.
Date Spudded	Date Compl. Ready to Prod.	Total Depth			P.O.T.D.				
Elevations (DF, RKB, RT, CR, 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				

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 (pilot, 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
MAR 9 1983

APPROVED _____, 19____
BY _____ Original Signed By
Leslie A. Clements
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 allowance 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 conditions.