DISTRIBUTION				
ANTA FE				
ILE				
	† ·-	1		
AND OFFICE				
OIL	1	1		
GAS	1			
OPERATOR				
ICE				
Cities Sarvio				
1010	, .	Mid al		
	OIL GAS	OIL / GAS /		

	DISTRIBUTION 5 ANTA FE / ILE /	REQUES	CONSERVATION MISSION TOR ALLOWABLE AND	Form C-104 Supersedes Old C-104 and C Effective 1-1-65	
	AND OFFICE I RANSPORTER OIL / GAS / OPERATOR / PRORATION OFFICE		RANSPORT OIL AND NATURA		
1.	Operator		EC 1 3 1976	RECEIVED GEOLOGICA GEOLOGICA SILVED	
	Address Cities Sarvi	ce Oil Company V U		DE -IVED	
		idland, Texas 79701	O. C. C. //-	5 C 10 10	
	Reason(s) for filing (Check proper b	ox)	Other (Please explan)	GEO/ 0 1976	
	Cew Well	Change in Transporter of:	Since of tease expiration	SIA NOCAL SU	
	Recompletion Change in Ownership	Oil Dry	Other (Please explan)	GEOLOGICAL SURVEY SIA, NEW MEXICO	
Į			densate []	-1100	
	If change of ownership give name and address of previous owner				
H.	DESCRIPTION OF WELL AND Lease Name	Well No. Pool Name, Including	Formation		
	C.D.M. A Com.	1 Und. Mor		leral or Fee Fee	
ſ	Location			166	
	Unit Letter D ; 99	PO Feet From The North L	Ine and 660 Feet Fro	om The West	
	Line of Section 29 T	ownship 215 Range 2	PZE , NMPM, F,	33	
m. į	DESIGNATION OF TRANSPO	RTER OF OIL AND NATURAL G	AS	ddy County	
	Name of Authorized Transporter of C The Permian Corporati			proved copy of this form is to be sent)	
-	Name of Authorized Transporter of C	asinghead Gas or Dry Gas X;	Pox 1183 - Houston,	Texas [7700] proved copy of this form is to be sent)	
	Matural Gas Pipeline C		Box 236 - Midland, Te	exas 79701	
	If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge.	,	When	
_				December 6, 1976	
IV.	COMPLETION DATA	rith that from any other lease or pool	, give commingling order number:		
	Designate Type of Complete	ion - (X) Oll Well Gas Well	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v	
ŀ	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.	
	1-9-76	3-20-76	11,690'	11,651'	
,	Elevations (DF, RKB, RT, GR, etc.) 3158 DF	Name of Producing Formation Morrow	Top Oil/Gas Pay -11,320' //387	Tubing Depth	
	Perforations 2-0./11" holos	each (Iower) 11,387', 11	3881, 113891, 113901.	Depth Casing Shoe	
	11392', 11394', 11,396	6', 11398', 111/00', 111/0	2', 111/10/11, 111/106', *	11,690'	
-	HOLE SIZE	TUBING, CASING, AN	D CEMENTING RECORD		
 	175"	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT 450 sacks (circulated)	
	124"	9-5/8"	30001	1370 sacks (circulated)	
	8-3/1:"	5-1/2"	11690'	1060 sacks (TC @ 8310')	
	TEST DATA AND REQUEST F		ifter recovery of total volume of load oi epth or be for full 24 hours)	il and must be equal to or exceed top allow	
	Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas	ift, etc.)	
L.	_ength of Test	Tubing Pressure	Casing Pressure	Choke Size	
	•			PASTED	
7	Actual Prod. During Test	Oil-Bbls.	Water - Bble.	Gae-MCF ID-3	
_				Add LTGT	
G	AS WELL			12-17-76	
	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate	
	C.A.C.F. 3013 Festing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size 1), /6), !! 12/6), !!	
	Back Pressure	3770#		Choke Size 11/61,",12/61,", 10/61," & 8/61,"	
VI. C	I. CERTIFICATE OF COMPLIANCE		OIL CONSERV	ATION COMMISSION	
	harako araute atau a		APPROVED DEC 1 3 1976		
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.			APPROVED 19 19 19		
	,		TITLE SUPERVISOR, DISTRICT II		
	Shull		This form is to be filed in	compliance with RULE 1104.	
(Signature)			If this is a request for allowable for a newly drilled or despened well, this form must be accompanied by a tabulation of the deviation		

VI.

`		
\mathcal{L}	Luida	
Pagion	(Signature) Operation Manager	
- 66.7011	(Title)	

December 8, 1976

(Date)

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. Canarata Forms C-104 must be filled for each most in multiple

*11409', 11411', 11414', 11435', 11436', 11437', 11440', 11445', (Urner) 11320',