

DISTRIBUTION		NEW MEXICO OIL CONSERVATION COMMISSION		Form C-104	
SALES AREA		REQUEST FOR ALLOWABLE		Supersedes Old C-104 and C-111	
FILE		AND		Effective 1-1-65	
U.S.G.S.		AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS			
LAND OFFICE					
TRANSPORTER	OIL				
	GAS				
OPERATOR					
PRODUCTION OFFICE					
Operator		APR 17 1978			
Cities Service Company		O. C. C.			
Address		ARTESIA, OFFICE			
P.O. Box 1919		Midland, TX 79702			
Reason(s) for filing (Check proper box)		Other (Please explain)			
New Well	☐	Change in Transporter of:			
Recompletion	☐	Oil	☐	Dry Gas	☒
Change in Ownership	☐	Casinghead Gas	☐	Condensate	☐
If change of ownership give name and address of previous owner					
DESCRIPTION OF WELL AND LEASE					
Lease Name	Well No.	Pool Name, including Formation	Kind of Lease	Lease No.	
Government AB	3	Burton Flats Wolfcamp, North	State, Federal or Fee	Federal	NM-15003
Location					
Unit Letter	K	1980	Feet From The	South	Line and
1980	Feet From The	West			
Line of Section	10	Township	20S	Range	28E
		, NMPL		Eddy	County
DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS					
Name of Authorized Transporter of Oil ☐ or Condensate ☒	Address (Give address to which approved copy of this form is to be sent)				
The Permian Corporation	Box 1183, Houston TX 77001				
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☒	Address (Give address to which approved copy of this form is to be sent)				
Cities Service Company	Box 300 Tulsa, OK 74102				
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?
	K	10	20S	28E	Yes
				When	4-10-78
If this production is commingled with that from any other lease or pool, give commingling order number:					
COMPLETION DATA					
Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.D.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		
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.	Gun - MCF		
GAS WELL					
Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MCF	Gravity of Condensate		
Testing Method (spot, 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.			OIL CONSERVATION COMMISSION		
APPROVED			MAY 23 1978		
BY			W. A. Gussitt		
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 completion tests taken on the well in accordance with RULE 111.					
All portions of this form must be filled out completely for allowable on new and completed 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.					