

| | |
|------------------|-------------------------------------|
| DISTRIBUTION | |
| SANTA FE | <input checked="" type="checkbox"/> |
| FILE | <input checked="" type="checkbox"/> |
| U.S.G.S. | <input checked="" type="checkbox"/> |
| LAND OFFICE | <input checked="" type="checkbox"/> |
| TRANSPORTER | <input checked="" type="checkbox"/> |
| OIL | <input checked="" type="checkbox"/> |
| GAS | <input checked="" type="checkbox"/> |
| OPERATOR | <input checked="" type="checkbox"/> |
| PROBATION OFFICE | <input checked="" type="checkbox"/> |

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

Form C-101
Supersedes OIL C-101 and C-11
RECEIVED

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) | Other (Please explain) |
| New Well <input type="checkbox"/> | Change of Operator's Name |
| Recompletion <input type="checkbox"/> | Change of Operator's Name |
| Change in Ownership <input checked="" type="checkbox"/> | Change of Operator's Name |
| Change in Transporter of: Oil <input type="checkbox"/> Gas <input type="checkbox"/> | Change of Operator's Name |
| Casinghead Gas <input type="checkbox"/> | Change of Operator's Name |
| Dry Gas <input type="checkbox"/> | Change of Operator's Name |
| Condensate <input type="checkbox"/> | Change of Operator's Name |

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

DESCRIPTION OF WELL AND LEASE

| | | | | |
|-------------------------------|------------------------|-------------------------------------------------------------|-----------------------------------------------------|----------------------------|
| Lease Name <u>STATE CU</u> | Well No. <u>1</u> | Pool Name, including Formation <u>BURTON FLAT MORROW</u> | Kind of Lease State, Federal or Fee <u>STATE</u> | Lease No. <u>K-6261</u> |
| Location | | | | |
| Unit Letter <u>B</u> | <u>660</u> | Feet From The <u>NORTH</u> Line and <u>1980</u> | Feet From The <u>EAST</u> | |
| Line of Section <u>36</u> | Township <u>20S</u> | Range <u>27E</u> | NMPM, <u>EDDY</u> | County |

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>PERMIAN CORPORATION</u> Permian (E4 9/1/87) | <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>NATURAL GAS PIPELINE Co. OF AMERICA</u> | <u>Box 236 - Midland, Texas 79702</u> |
| If well produces oil or liquids, give location of tanks. | Is gas actually connected? When |
| <u>B 36 20S 27E</u> | <u>YES 11-5-76</u> |

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 | Plug Back | Shut-in Resv. | Unit. Resv. |
| Date Spudded | Date Compl. Ready to Prod. | Total Depth | P.B.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 (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/MCF | Gravity of Condensate |
| Testing Method (flow, 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.

Edman Stutz
(Signature)
Region Operations Manager
(Title)
March 11, 1983
(Date)

| | |
|-----------------------------|------------------------|
| OIL CONSERVATION COMMISSION | |
| APPROVED | MAR 22 1983 |
| Original Signed by | |
| BY | Leslie A. Clements |
| | Supervisor District II |
| TITLE | |

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.

NEW MEXICO OIL CONSERVATION COMMISSION

Artesia, New Mexico

September 30, 1977

Cities Service Company
P.O. Box 1919
Midland, TX 79702

Re: Wells placed in pools

Gentlemen:

As the result of Commission Order R-5534 the following described well (s) ~~(has)~~ have been placed in the pool (s) shown below. This change in nomenclature has been made in our files. Please change your records to reflect the proper pool name. All subsequent reports must show this nomenclature until further notice.

Burton Flat - Morrow Gas

| | |
|---------------|-----------------|
| State CU | #1-B-36-20S-27E |
| State CW | #1-F-19-20S-28E |
| Ives A Com. | #1-J-30-21S-27E |
| Tracy E. Com. | #1-E-30-21S-27E |

Transporters are advised, by copy of this letter, to change their records to reflect the pool name as established by this order.

Very truly yours,

OIL CONSERVATION COMMISSION

W. A. Gressett

Dist.
Orig. Operator
cc: Each transporter EPG, NGPL & PER
Santa Fe, OCC

NOTICE OF ASSIGNMENT OF ALLOWABLE TO A GAS WELL

The operator of the following well has complied with all the requirements of the Oil Conservation Commission and the well is hereby assigned an allowable as shown below.

Well placed in prorated pool eff. 10-1-77
as result of Order R-5534.

Date of Connection _____ Date of First Allowable or Allowable Change 10-1-77
Purchaser NGPI Pool Burton Flat-Morrow
Operator Cities Service Co. Lease State CU
Well No. 1 Unit Letter B Sec. 36 Twp. 20 Range 27
Dedicated Acreage 320 Revised Acreage _____ Difference _____
Acreage Factor 1.00 Revised Acreage Factor _____ Difference _____
Deliverability _____ Revised Deliverability _____ Difference _____
A x D Factor _____ Revised A x D Factor _____ Difference _____

M

W. A. Gressett OCC District No. 2

CALCULATION OF SUPPLEMENTAL ALLOWABLE

| MONTH | % OF MO. | PREV. ALLOW. | REV. ALLOW. | PREV. PROD. | REV. PROD. | REMARKS |
|---------------------------------------|----------|--------------|-------------|-------------|------------|--------------------------------------------------------------|
| January | | | | | | |
| February | | | | | | |
| March | | | | | | |
| April | | | | | | |
| May | | | | | | |
| June | | | | | | |
| July | | | | | | |
| August | | | | | | |
| September | | | | | | |
| October | | | | | | |
| November | | | | | | |
| December | | | | | | |
| TOTALS | | | | | | |
| Previous Status Adjustments | | | | | | |
| Allowable Production Difference | | | | | | |
| Aug. Schedule O/U Status | | | | | | |
| Revised Aug. O/U Status | | | | | | Effective In Nov. Schedule Current Classification NC To M |

Note: All gas volumes are in MCF @ 15.025 psia.

RECEIVED

OCT 26 1977

O. C. C.
ARTERIA, OFFICE

JOE D. RAMEY, Secretary - Director

By W. A. Gressett

| | | |
|------------------|-----|---|
| DISTRIBUTION | | 5 |
| ANTA FE | | 1 |
| ILE | | 1 |
| S.G.S. | | |
| AND OFFICE | | |
| TRANSPORTER | OIL | 1 |
| | GAS | 1 |
| OPERATOR | | 1 |
| PROBATION 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
Effective 1-1-65

RECEIVED

JUN 16 1977

I. Operator Cities Service Company D.C.C.
Address P.O. Box 1919 - Midland, Texas 79702 ARTESIA, OFFICE
Reason(s) for filing (Check proper box)
New Well ☐ Change in Transporter of:
Recompletion ☐ Oil ☐ Dry Gas ☐
Change in Ownership ☒ Casinghead Gas ☐ Condensate ☐
Other (Please explain) change of operator's name is effective July 1, 1977.

If change of ownership give name and address of previous owner Cities Service Oil Company - P.O. Box 1919 - Midland, Texas 79702
P-5534
1975-76 Burton Flat manow

II. DESCRIPTION OF WELL AND LEASE
Lease Name State CU Well No. 1 Pool Name, including Formation Eddy Under Morrow Kind of Lease State Lease No. 1590
Location
Unit Letter B 660 Feet From The North Line and 1980 Feet From The East
Line of Section 36 Township 20S Range 27E, N.M.P.M., 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) |
| <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>Natural Gas Pipe Line of America</u> | <u>Box 236 - Midland, Texas 79701</u> |
| If well produces oil or liquids, give location of tanks. | Unit Sec. Twp. Range |
| | <u>B 36 20S 27E</u> |
| | Is gas actually connected? <u>yes</u> When <u>-11-5-76</u> |

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

IV. COMPLETION DATA

| | | | | | | | | |
|---------------------------------------------|-----------------------------|-----------------|-------------------|----------|--------|-----------|-------------|------------|
| Designate Type of Completion - (X) | Oil Well | Gas Well | New Well | Workover | Deepen | Plug Back | Same Res'v. | Diff. Res' |
| Date Spudded | Date Compl. Ready to Prod. | Total Depth | P.B.T.D. | | | | | |
| Elevations (D.F., R.A.B., R.T., G.R., 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 |

GAS WELL

| | | | |
|----------------------------------|---------------------------|---------------------------|-----------------------|
| Actual Prod. Test - MCF/D | Length of Test | Bbls. Condensate/MMCF | Gravity of Condensate |
| Testing Method (pitot, 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)

6/10/77
(Date)

OIL CONSERVATION COMMISSION

APPROVED JUL 20 1977
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 filed for each pool in multiple