J. 00 CO. (23		٠	
DISTRIBUTIO			
SANTA FE		1	
FILE		1	,
U.S.G.S.			
LAND OFFICE			
TRANSPORTER	OIL		
THANGT ON TER	GAS	1	
OPERATOR	1		

## NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE AND

Form C-104
Supersedes Old C-104 and C-11/
Effective 1-1-65

	LAND OFFICE	AUTHORIZATION TO TR	ANSPORT OIL AND NATURAL	GAS			
	TRANSPORTER OIL						
	GAS /	RECEIVED					
OPERATOR /							
1.	PRORATION OFFICE Operator	⊥MA	<del>R 1 0 1977</del>				
	Cities Service Oil	Company					
	Address O. C. C.						
	P. O. Box 1919, Mid		ESIA. OFFICE				
	Reason(s) for filing (Check proper box		Other (Please explain)				
	Recompletion	Change in Transporter of: Oil Dry G					
	Change in Ownership	Oil Dry G  Casinghead Gas Conde	FF				
		- Land					
	If change of ownership give name and address of previous owner						
	·						
II.	DESCRIPTION OF WELL AND	Well No.   Pool Name, Including F	Formation   Kind of Lea				
	State CV	1 Burton Flat	1	Cadae 140.			
	Location			ral or Fee State K-6599			
	Unit Letter E ; 198	BO Feet From The North Li	ne and 760 Feet From	The West			
			7 Get From	The			
	Line of Section 16 Tox	wnship 20-S Range	28-Е , ммрм, Eddy	County			
***	DECICNATION OF TRANSPOR	TED OF OUR AND NAMED AT CO	•				
111.	Name of Authorized Transporter of Oil	TER OF OIL AND NATURAL GA	Address (Give address to which appr	oved copy of this form is to be sent)			
	Not determined			to be semi			
	Name of Authorized Transporter of Cas	singhead Gas Cor Dry Gas X	Address (Give address to which appr	oved copy of this form is to be sent)			
	El Paso Natural Gas		Box 1384 - Jal, New M	exico 88252			
	if well produces oil or liquids,	Unit Sec. Twp. Rge.		nen			
	give location of tanks.	E 16 20-S 28-E	- <del></del>	3/2/77			
	If this production is commingled with COMPLETION DATA	th that from any other lease or pool,	give commingling order number:				
•••		Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.			
	Designate Type of Completic	on - (X)	X	X			
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.			
	10/27/76	1/26/77	11,360'	11,300'			
	Elevations (DF, RKB, RT, GR, etc.) 3275.7' GR	Name of Producing Formation Morrow	Top Oil/Gas Pay	Tubing Depth. 10,928.26'			
	Perforations 11 014 11 015	5' 11 016' 11 017' 11	018 11 036 11 037	Denth Casing Shoe			
	Perforations 11,014', 11,015', 11,016', 11,017', 11,018', 11,036', 11,037', Depth Casing Shoe 11,038', 11,039', 11,040', 11,041', 11,043', 11,060', 11,061', 11,062', 11,360'						
	11,063', 11,064', 11,065', 11,066 UBING, CASING, AND CEMENTING RECORD 11,067', 11,068'						
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT			
	17-1/2" 12-1/4"	13-3/8" 8-5/8"	615'	895			
	7-7/8"	5-1/2"	3000'	2125			
	1-1/0	7-112	11,360	725			
v.	EST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed top allow						
	OII. WELL able for this depth or be for full 24 hours)						
	Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas !	ift, etc.)			
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size			
	<b>—</b> •			1 1 1 1 1 1 1			
	Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF			
	CAS WELL						
[	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate			
]	3,345 (CAOF)	4 hours	_	-			
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size			
Į	Back Pressure	3415		8, 10, 13 & 16/64"			
VI.	ERTIFICATE OF COMPLIANCE		OIL CONSERV	ATION COMMISSION			
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 MAR 1 0 1977					
					best of my knowledge and belief.	BY W. a. Xrissett	
			TITLE SUPERVISOR, DISTRICT H				
			Chuldy		This form is to be filed in compliance with RULE 1104.  If this is a request for allowable for a newly drilled or despende		
-	(Signature)		well, this form must be accompa	mied by a tabulation of the deviation			
		Region Operations Manager  All sections of this form must be filled out completely for all					
(Title		ie)	All sections of this form must be filled out completely for allow-				

March 8, 1977 (Date)

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.

Secreta Forms C-104 must be filed for each root in multiply