

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
OLD C-101 and C-11
Effective 1-1-65

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 ☐	<u>Change of Operator's Name</u> <u>is effective April 1, 1983.</u>
Recompletion ☐	
Change in Ownership ☒	
Change in Transporter oil: Oil ☐ Dry Gas ☐	
Casinghead Gas ☐ Condensate ☐	
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>STATE CV Comm</u>	Well No. <u>1</u>	Pool Name, including Formation <u>BURTON FLAT Morrow</u>	Kind of Lease State, Federal or Free <u>STATE</u>
Lease No. <u>K-6599</u>			
Location			
Unit Letter <u>E</u>	: <u>1930</u>	Feet From The <u>NORTH</u> Line and <u>760</u>	Feet From The <u>WEST</u>
Line of Section <u>16</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 ☒	Address (Give address to which approved copy of this form is to be sent)		
<u>PERMIAN CORPORATION</u>	<u>Box 1183 - Houston, Texas 77001</u>		
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☒	Address (Give address to which approved copy of this form is to be sent)		
<u>EL PASO NATURAL GAS Co.</u>	<u>Box 1384 - JAL, NEW MEXICO 88252</u>		
If well produces oil or liquids, give location of tanks.	Unit <u>E</u>	Sec. <u>16</u>	Twp. <u>20S</u>
		Rge. <u>28E</u>	Is gas actually connected? <u>YES</u>
			When <u>3-2-77</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
			Stim. Res'tv.
			Prod. Res'tv.
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
Elevations (OF, 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.	Gas - MCF

GAS WELL			
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (prior, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size

CERTIFICATE OF COMPLIANCE		OIL CONSERVATION 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 <u>MAR 22 1983</u> , 19____	
BY <u>Elmer Startz</u> (Signature) <u>Region Operations Manager</u> (Title) <u>March 14, 1983</u> (Date)		BY <u>Leslie A. Clements</u> Original Signed By Supervisor District II	
		TITLE <u>Supervisor District II</u>	
		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 conditions.	