

DISTRIBUTION	
SANTA FE	/
FILE	/
U.S.G.S.	/
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	/
PRORATION OFFICE	

NEW MEXICO OIL CONSERVATION COM. SION  
REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS  
**RECEIVED**

Form C-104  
Supersedes Old C-104 and C-110  
Effective 1-1-65

MAR 15 1977

Operator Cities Service Oil Company		O. C. C. ARTEBIA, OFFICE	
Address P. O. Box 1919, Midland, Texas 79702			
Reason(s) for filing (Check proper box)		Other (Please explain)	
New Well	<input checked="" type="checkbox"/>	Change in Transporter of:	
Recompletion	<input type="checkbox"/>	Oil	<input type="checkbox"/>
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>
		Dry Gas	<input checked="" type="checkbox"/>
		Condensate	<input type="checkbox"/>

If change of ownership give name  
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Elizondo Federal A	Well No. 4	Pool Name, including Formation Burton Flat Morrow	Kind of Lease State, Federal or Fee Fed. NM	Lease No. 0354232
Location Unit Letter C ; 660 Feet From The North Line and 1980 Feet From The West Line of Section 34 Township 21-S Range 27-E , NMFM, Eddy County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
undecided		
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)	
El Paso Natural Gas Company	Box 1384, Jal, New Mexico 88252	
If well produces oil or liquids, give location of tanks.	Unit C	Sec. 34
	Twp. 21-S	Rge. 27-E
	Is gas actually connected? Yes	
	When March 11, 1977	

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'v.
		X	X				X	
Date Spudded 10/7/76	Date Compl. Ready to Prod. 12/13/76	Total Depth 11,775'	P.B.T.D. 11,731'					
Elevations (DF, RKB, RT, GR, etc.) 3167.95' GR	Name of Producing Formation Morrow	Top Oil/Gas Pay 11,387'	Tubing Depth 11,298.29'					
Perforations 2-0.48" holes each @ 11,387', 11,388', 11,425', 11,426', 11,447', 11,449', 11,451', 11,453', 11,458', 11,460', 11,461', 11,462', 11,464', 11,466'		Depth Casing Shoe 11,775'						
*See Below TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
17-1/2"	13-3/8" OD	600'	600 sacks					
12-1/4"	8-5/8" OD	3,020'	1500 sacks					
7-7/8"	5-1/2" OD	11,775'	750 sacks					

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)

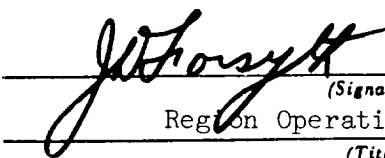
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

GAS WELL

Actual Prod. Test-MCF/D CAOF 12,273	Length of Test 4 hours	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.) Back Pressure	Tubing Pressure (Shut-in) 3790	Casing Pressure (Shut-in)	Choke Size 15/64", 18/64" 25/64" & 30/64"

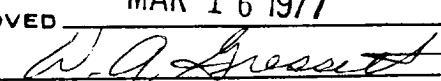
VI. CERTIFICATE OF COMPLIANCE

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.

  
(Signature)  
Region Operations Manager  
(Title)  
March 14, 1977  
(Date)

OIL CONSERVATION COMMISSION

MAR 16 1977

APPROVED \_\_\_\_\_, 19\_\_\_\_  
BY   
TITLE SUPERVISOR, DISTRICT H

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

\*11,467', 11,468', 11,469', 11,470', 11,472', 11,474',  
11,494', 11,495', 11,516', 11,517', 11,518', 11,519', 11,520', 11,522', 11,524', 11,526', 11,528', 11,529',  
11,530', 11,531', 11,532', 11,533', 11,534', 11,535', 11,536', 11,537', 11,538', 11,539', 11,540', 11,541', 11,542', 11,543', 11,544', 11,545', 11,546', 11,547', 11,548', 11,549', 11,550', 11,551', 11,552', 11,553', 11,554', 11,555', 11,556', 11,557', 11,558', 11,559', 11,560', 11,561', 11,562', 11,563', 11,564', 11,565', 11,566', 11,567', 11,568', 11,569', 11,570', 11,571', 11,572', 11,573', 11,574', 11,575', 11,576', 11,577', 11,578', 11,579', 11,580', 11,581', 11,582', 11,583', 11,584', 11,585', 11,586', 11,587', 11,588', 11,589', 11,590', 11,591', 11,592', 11,593', 11,594', 11,595', 11,596', 11,597', 11,598', 11,599', 11,600'