

DISTRIBUTION	4
DATE	1
FILE	1
S.G.S.	✓
AND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	1
PRODUCTION 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  
 Address P.O. Box 1919 - Midland, Texas 79702  
 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

II. DESCRIPTION OF WELL AND LEASE  
 Lease Name Tracy "E" Com. Well No. 1 Pool Benton Flat Marrow Formation P. 5534  
 Location Unit Letter E; 1880 Feet From The North Line and 660 Feet From The West  
 Line of Section 30 Township 21S Range 27E, NMPM, Eddy County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS  
 Name of Authorized Transporter of Oil  or Condensate   
Not Determined Address (Give address to which approved copy of this form is to be sent)  
 Name of Authorized Transporter of Casinghead Gas  or Dry Gas   
El Paso Natural Gas Co. Address (Give address to which approved copy of this form is to be sent)  
Box 1384 - Jol, New Mexico 88252  
 If well produces oil or liquids, give location of tanks. Unit E Sec. 30 Twp. 21S Range 27E Is this actually connected? Yes When 5-16-77

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 Rest.  Diff. Rest.  
 Date Spudded \_\_\_\_\_ Date Compl. Ready to Prod. \_\_\_\_\_ Total Depth \_\_\_\_\_ P.B.T.D. \_\_\_\_\_  
 Elevations (DF, RKB, RI, 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

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/MCF	Gravity of Condensate
Testing Method (pilot, 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.  
Ephraim  
 Region Operations Manager  
 6/10/77

OIL CONSERVATION COMMISSION  
 APPROVED JUL 20 1977  
 BY W. A. Gressett  
 TITLE SUPERVISOR, DISTRICT E  
 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.