

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

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO ~~PRODUCE~~ **RECEIVED** NATURAL GAS

Form O-104
Supersedes Old O-101 and O-11
Effective 1-1-65

JAN 3 1978

O.C.C.

Operator Cities Service Company ✓		ARTESIA, OFFICE	
Address P.O. Box 1919 Midland, TX 79702			
Reason(s) for filing (check proper box)		Other (Please explain)	
New Well ☐	Designate ☒ Change in Transporter of:		
Recompletion ☐	Oil ☐	Dry Gas ☐	
Change in Ownership ☐	Casinghead Gas ☐	Condensate ☒	

If change of ownership give name
and address of previous owner _____

DESCRIPTION OF WELL AND LEASE

Lease Name Tracy "E" Com	Well No. 1	Pool Name, Including Formation Unit 1 Burton Flat Morrow	Kind of Lease State, Federal or Fee	Fee	Lease No.
Location Unit Letter <u>E</u> ; <u>1880</u> Feet From The <u>North</u> Line and <u>660</u> Feet From The <u>West</u> Line of Section <u>30</u> Township <u>21S</u> Range <u>27E</u> , N.M.P.M., <u>Eddy</u> County					

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☐ or Condensate ☒ The Permian Corporation	Address (Give address to which approved copy of this form is to be sent) Box 1183 Houston, TX 77001					
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 Jal, NM 88252					
If well produces oil or liquids, give location of tanks.	Unit E	Sec. 30	Twp. 21S	Rge. 27E	Is gas actually connected? Yes	When 5-16-77

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	Same Res'v.	Diff. Res'v.
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 OIL WELL (Test must be after recovery of total volume of lost oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)

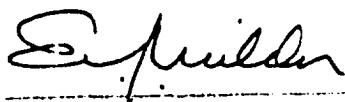
Date First New Oil Run To Tanks	Date of Test	Producing Method (flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size <u>10-3</u>
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF <u>1-6-48</u>

GAS WELL

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



Region Operations Manager
(Title)

December 29, 1977
(Date)

OIL CONSERVATION COMMISSION

APPROVED JAN 3 1978, 19

BY W. A. Gressett
SUPERVISOR, DISTRICT II
TITLE

This form is to be filed in compliance with RULE 1104.

If this be a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of fluid level tests taken on the well in accordance with RULE 111.

All portions of this form must be filled out completely for allowable on new or deepened wells.

Fill out only Sections I, II, III, and VI for change of owner, well name or number, or transporter, or other such change of condition.