

DISTRIBUTION		
SALE AGREEMENT	<input checked="" type="checkbox"/>	
FILE	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
OPERATOR	<input checked="" type="checkbox"/>	
PRODUCTION OFFICE		

NEW MEXICO OIL CONSERVATION COMMISSION  
REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104  
Supersedes Old C-101 and C-111  
**RECEIVED**

**MAR 15 1983**

O. C. D.  
ARTESIA, OFFICE

Operator Cities Service Oil & Gas Corporation  
 Address P.O. Box 1919 - Midland, Texas 79702  
 Reason(s) for filing (Check proper box) Other (Please explain)  
 New Well  Change in Transporter oil:  Dry Gas   
 Recompletion  Oil  Condensate   
 Change in Ownership  Casinghead Gas  Other Change of Operator's Name  
is effective April 1, 1983.

If change of ownership give name and address of previous owner Cities Service Company - P.O. Box 1919 - Midland, Texas 79702

**DESCRIPTION OF WELL AND LEASE**

Lease Name <u>GOVERNMENT AB</u>	Well No. <u>4</u>	Pool Name, including Formation <u>W. BURTON FLT. WOLF CAMP GAS</u>	Kind of Lease State, Federal or Fee <u>FEDERAL</u>	Lease No. <u>NM 15003</u>
Location Unit Letter <u>L</u> : <u>2105</u> Feet From The <u>SOUTH</u> Line and <u>760</u> Feet From The <u>WEST</u> Line of Section <u>9</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 <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> <u>PERMAN CORPORATION</u>	Address (Give address to which approved copy of this form is to be sent) <u>Box 1183 - Houston, Texas 77001</u>
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> <u>CITIES SERVICE OIL &amp; GAS GRP.</u>	Address (Give address to which approved copy of this form is to be sent) <u>Box 300 - Tulsa, Oklahoma 74102</u>
If well produces oil or liquids, give location of tanks. Unit <u>L</u> Sec. <u>9</u> Twp. <u>20S</u> Rge. <u>28E</u>	Is gas actually connected? <u>YES</u> When <u>4-10-78</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	Same Test. Prod. Restv.
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.D.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 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

*Tested 4/5/83  
309.00*

**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

**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.

Elmer Stutz  
(Signature)  
Region Operations Manager  
(Title)  
March 11, 1983  
(Date)

**OIL CONSERVATION COMMISSION**

APPROVED **MAR 22 1983**, 19\_\_\_\_

Original Signed By  
Lester A. Clements  
Supervisor District II

TITLE \_\_\_\_\_

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 deviated 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.