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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-110
Effective 1-1-65

RECEIVED

MAR 15 1978

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

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, including Formation	Kind of Lease	Lease No.
Little Box Canyon Unit	2	Little Box Canyon (Morrow)	State, Federal or Fee Federal	NM-886
Location				
Unit Letter	0	660 Feet From The South Line and 1980 Feet From The East		
Line of Section	12	Township 21S Range 21E	NMPM, Eddy	County

III. 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)	
The Permian Corporation	Box 1183 Houston, TX 77001	
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☒	Address (Give address to which approved copy of this form is to be sent)	
El Paso Natural Gas Co.,	Box 1384 Jal, NM 88252	
If well produces oil or liquids, give location of tanks.	Unit 0	Sec. 12
	Twp. 21S	Rge. 21E
Is gas actually connected?	Yes	When 3-2-78

If this production is commingled with that from any other lease or pool, give commingling order number: _____

V. 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, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay			Tubing Depth		
Perforations						Depth Casing Shoe		
TURNING, CASING, AND CEMENTING RECORD								
POLE 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 (flow, 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.



Region Operations Manager

March 13, 1978

OIL CONSERVATION COMMISSION

APPROVED MAR 17 1978

BY Mike Williams

TITLE OIL AND GAS INSPECTOR

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 portions of this form must be filled out completely for allowable to be considered complete.

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.