

SANTA FE		/	/
FILE		/	/
D.W.S.			
LEAD OFFICE			
TRANSPORTER	OIL		
	GAS	/	
OPERATOR		/	
PRODUCTION OFFICE			

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form O-104
Superseding Old O-101 and O-111
Effective 1-1-65

RECEIVED

FEB 27 1978

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

If change of ownership give name
and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name Little Box Canyon Unit	Well No. 3	Pool Name, including Formation Undersaturated Cisco	Kind of Lease State, Federal or Free Federal	Lease No. NM-886
Location Unit Letter B ; 660 Feet From The North Line and 1980 Feet From The East Line of Section 7 Township 21S Range 22E, NMPM, Eddy County				

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 Jal, NM 88252	
If well produces oil or liquids, give location of tanks.	Unit B	Sec. 7
	Twp. 21S	Rge. 22E
	Is gas actually connected? Yes	When 3-13-78

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 Resv.	Full Resv.
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 load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)

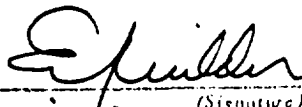
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

GAS WELL

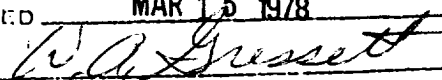
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MCF	Gravity of Condensate
Testing Method (flow, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

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
February 24, 1978

OIL CONSERVATION COMMISSION

APPROVED	MAR 15 1978	19
BY		
TITLE	SUPERVISOR, DISTRICT II	

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 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.