

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 TRANSPORT OIL AND NATURAL GAS

Form C-104
Superseding Old C-101 and C-11
Effective 1-1-65

RECEIVED

MAR 23 1978

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

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

DESCRIPTION OF WELL AND LEASE		Well No.		Pool Name, including Formation		Kind of Lease		Lease No.	
Little Box Canyon Unit		3		Undesignated Cisco		State, Federal or Fee		Federal	
Location		Unit Letter		B		Feet From The		North	
		Line and		1980		Feet From The		East	
Line of Section		7		Township		21S		Range	
						22E		NMPM, Eddy	
								County	

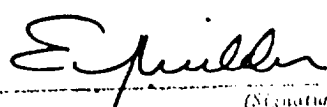
DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS		Name of Authorized Transporter of Oil ☐ or Condensate ☒		Address (Give address to which approved copy of this form is to be sent)			
The Permian Corporation				Box 1183 Houston, TX 77001			
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☒		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	Sec.	Twp.	Pge.	Is gas actually connected?	When
		B	7	21S	22E	Yes	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	Shut Restv.	Prod. Restv.
Date Spudded		Date Compl. Ready to Prod.		Total Depth		P.B.T.D.					
Elevations (DE, RKB, RT, 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					

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	
						Post 3 3/24/78	
						JES LF PER	

GAS WELL		Actual Prod. Test-MCF/D		Length of Test		Bbls. Condensate/MMCF		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	
March 21, 1978	
(Date)	

OIL CONSERVATION COMMISSION	
MAR 24 1978	
APPROVED _____	
BY Mike Williams	
TITLE OIL AND GAS INSPECTOR	
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 the completion 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 recompleting 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.	