•	میں بی بی بی ایک ایک ایک ایک ایک ایک ایک ایک ایک ای	-1				c/sF				
ļ	NO. OF COPIES RECEIVED 4	-								
	DISTRIBUTION		NEW MEXICO OIL (Form C+104				
	SANTA FE		REQUEST	FOR ALLOWA	BLE	Supersedes Old C-104 and C-1				
	FILE	4		AND		Effective 1-1-65				
	U.S.G.S.	_ AUTHOR	IZATION TO TR	ANSPORT OIL	AND NATURAL	GAS				
	LAND OFFICE	_								
	IRANSPORTER GAS	-			REC	EIVED				
	OPERATOR									
1.	PROPATION OFFICE			_	usp 2	1 1000				
	Operator 1980									
	Cities Service	Company -		$\circ \circ \circ$						
	Address			ARTESIA, OFFICE						
	Box 1919 Mid	lland, TX	79702		The state of the s	FFICE				
	Reason(s) for filing (Check proper box	()		Other	(Please explain)					
	New Well	Change in 7	fransporter of:	_						
	Recompletion	Cil	Dry Go	15						
	Change in Ownership	Casinghead	Gas Conde	nsate						
•			······································							
	If change of ownership give name and address of previous owner	<u></u>								
11.	DESCRIPTION OF WELL AND	LEASE	•							
i	Lease Name		ool Name, Including F		Kind of Leas	e Lease No.				
	GOVERNMENT S	2	wrwches Und . Morrow		State, Fødera	NM-9819				
İ	Location	· · · · · · · · · · · · · · · · · · ·			·······	<u>1 Cactat (NH 2019</u>				
	Unit Letter 0; 66	0 Feet From	The South Lir	ne and <u>198</u>	0Feet From	The East				
l	Line of Section 3 To	wnship 20	S Range	28E ,	NMPM, Eddy					
	DESIGNATION OF TRANSPOR	TER OF OIL A	ND NATURAL GA	s						
ſ	Name of Authorized Transporter of Oil		densate		dress to which appro	ved copy of this form is to be sent)				
	None									
ŀ	Name of Authorized Transporter of Ca	singhead Gas	or Dry Gas	Address (Give ad	dress to which appro	ved copy of this form is to be sent)				
	Cities Service		AAA			a, Oklahoma 74102				
⊦		Twp. P.ge.	Is gas actually c							
	If well produces oil or liquids, give location of tanks.	1		No Ves		9-6-80				
1										
	f this production is commingled wi	th that from any	other lease or pool,	give commingling	g order number:					
۲ . ۱	COMPLETION DATA	¹ Oil	Well Gas Well	New Well Wor	kover Deepen	Plug Back Same Restv. Diff. Restv.				
1	Designate Type of Completion	on = (X)			1					
ŀ	Date Spudded	Date Compl. Rec	1	Total Depth	I ,	P.B.T.D.				
	1/21/80	3/27/	-	11,32	0.1					
ŀ	Elevations (DF, RKB, RT, GR, etc.)	Name of Produci		Top Oll/Gas Pay		11,276'				
	3271' GR	Morro		11,12						
+						Depth Casing Shoe				
		$\frac{1}{2}$	From 11,21	4 – 11,21	/' and					
┝	11,230' - 11,237' (Total of 24 holes) TUBING, CASING, AND CEMENTING RECORD									
ŀ			······	1		SACKE CENENT				
┝	HOLE SIZE		TUBING SIZE							
ŀ	<u>175"</u>		3/8"		400	1750 sacks				
┝	<u>12¼</u> " 7-7/8"	55	<u>5/8"</u>		3,030'	1850 sacks				
ŀ	<i>i – i / o</i>	1 32	·····	<u>↓</u>	L, <u>320'</u>	850 sacks				
	TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed top allow									
-	DIL WELL		aoie jor this de	Producing Method (Flow, pump, gas lift, etc.)						
	Date First New Oil Run To Tanks	Date of Test		Producing Method	i ir inmi hambi Eas it					
╞	Length of Test	Tubing Pressure		Casing Pressure		Choke Size				
	Actual Prod. During Test	Oil-Bbis.		Water - Bbls.		Gas-MCF				
Ļ		1		l						
_	GAS WELL			·····						
Г	Actual Prod. Test-MCF/D	Longth of Test		Bbls. Condensate	MMCF	Gravity of Condensate				

	C.A.O.F. 14,374	5 hrs							
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size 16, 16, 20,					
	Back Press.	3555#		22, &24/64"					
T. CERTIFICATE OF COMPLIANCE			OIL CONSERVATION COMMISSION						
	I hereby certify that the rules and r Commission have been complied w	ith and that the information given	APPROVED OCT 171980 . 19						
	above is true and complete to the	beat of my knowledge and belief.	BY						

TITLE .

		complete			knowledge	

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

SUPERVISOR, DISTRICT II

Epilden	
(Signature)	
Region Operations Mgr.	
(Title)	
9/2/80	
(Date) .	

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 sections of this form must be filled out completely for silow-able 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.

Separate Forms C-104 must be filed for each pool in multiply completed wells.