

DISTRIBUTION		NEW MEXICO OIL CONSERVATION COMMISSION		Form C-101 Superseding Old C-101 and C-11 Effective 1-1-65	
SALE PRICE		REQUEST FOR ALLOWABLE		RECEIVED	
FILE		AND		MAR 15 1983	
U.S.G.S.		AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS		O. C. D.	
LAND OFFICE				ARTESIA, OFFICE	
TRANSPORTER		OIL			
GAS					
OPERATOR					
PRODUCTION 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 <input type="checkbox"/>			Change of Operator's Name		
Recompletion <input type="checkbox"/>			is effective April 1, 1983.		
Change in Ownership <input checked="" type="checkbox"/>					
Change in Transporter of:					
Oil <input type="checkbox"/>					
Casinghead Gas <input type="checkbox"/>					
Dry Gas <input type="checkbox"/>					
Condensate <input type="checkbox"/>					
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 GOVERNMENT AN Com.		Well No. 1		Pool Name, including Formation WINCHESTER ATOKA	
Kind of Lease Federal		Lease No. NM13232			
Location					
Unit Letter C : 660 Feet From The NORTH Line and 1980 Feet From The WEST					
Line of Section 3 Township 20S Range 28E NMPM, EDDY County					
DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS					
Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>			Address (Give address to which approved copy of this form is to be sent)		
GETTY TRADING & TRANSPORTATION CO.			Box 1142 - MIDLAND, TEXAS 79702		
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>			Address (Give address to which approved copy of this form is to be sent)		
EL PASO NATURAL GAS CO.			Box 1384 - JAL, NEW MEXICO 88252		
If well produces oil or liquids, give location of tanks.			Is gas actually connected? When		
Unit C Sec. 3 Twp. 20S Rge. 28E			YES 1-14 2-2-82		
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		Stim. Res't.		Prod. Res't.	
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 lead oil and must be able 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 (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.					
OIL CONSERVATION COMMISSION					
APPROVED MAR 22 1983					
Original Signed By					
BY Leslie 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 deviation 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 condition.					

DISTRIBUTION			
AMT. FE		<input checked="" type="checkbox"/>	
FILE		<input checked="" type="checkbox"/>	
S.G.S.			
LAND OFFICE			
TRANSPORTER	OIL	<input checked="" type="checkbox"/>	
	GAS	<input checked="" type="checkbox"/>	
OPERATOR		<input checked="" type="checkbox"/>	
PRORATION OFFICE		<input checked="" type="checkbox"/>	

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

Form C-104
Supersedes Old C-104 and C
Effective 1-1-65

JAN 24 1983

O. C. D.
ARTESIA, OFFICE

I. Operator
Cities Service Company

Address
P.O. Box 1919 - Midland, Texas 79702

Reason(s) for filing (Check proper box)

New Well	<input type="checkbox"/>	Change in Transporter of:		Other (Please explain)	
Recompletion	<input type="checkbox"/>	Oil	<input type="checkbox"/>	Dry Gas	<input type="checkbox"/>
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>	Condensate	<input checked="" type="checkbox"/>

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Government AN Com	Well No. 1	Pool Name, including Formation Winchester Atoka	Kind of Lease State, Federal or Fee Fed.	NM	Lease No. 13232
Location Unit Letter C ; 660 Feet From The North Line and 1980 Feet From The West Line of Section 3 Township 20S Range 28E , NMPM, Eddy County					

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Getty Trading and Transportation Company	P.O. Box 1142 - Midland, Texas 79702
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
El Paso Natural Gas Company	P.O. Box 1384 - Jal, New Mexico 88252
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When
C 3 20S 28E	Yes 1-14-82

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

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'tv.	Diff. Res'tv.
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							
TUBING, CASING, AND CEMENTING RECORD								
HOLE 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/MMCF	Gravity of Condensate
Testing Method (pitot, 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.

Elmer Startz
(Signature)
Region Operations Manager - Production
(Title)
January 21, 1983
(Date)

OIL CONSERVATION COMMISSION

APPROVED JAN 26 1983
Original Signed By
BY Leslie 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 deepen well, this form must be accompanied by a tabulation of the deviate 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 condition. Separate Form C-104 must be filed for each well in multiple.