

DISTRIBUTION			
ANTA FE		✓	
FILE		✓	✓
S.G.S.			
LAND OFFICE			
TRANSPORTER	OIL		
	GAS	✓	
OPERATOR		✓	
PRORATION OFFICE			

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

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

APR 28 1982

I. Operator **Cities Service Company** **ARTESIA, OFFICE**

Address  
Box 1919 - Midland, Texas 79702

Reason(s) for filing (Check proper box) Other (Please explain)

New Well	<input checked="" type="checkbox"/>	Change in Transporter of:	
Recompletion	<input type="checkbox"/>	Oil	<input type="checkbox"/>
Change in Ownership	<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

II. DESCRIPTION OF WELL AND LEASE

Lease Name Government "A0" Com.	Well No. 1	Pool Name, including Formation <del>Burton Flat</del> Undesignated Morrow	Kind of Lease State, Federal or Fee Fed NM	Lease No. 15003
Location Unit Letter <u>N</u> ; <u>660</u> Feet From The <u>South</u> Line and <u>1980</u> Feet From The <u>West</u> Line of Section <u>8</u> Township <u>20S</u> Range <u>28E</u> , NMPM, <u>Eddy</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
None		
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	Box 1384 - Jal, New Mexico 88202	
If well produces oil or liquids, give location of tanks.	Unit	Sec.
	Twp.	Rge.
	Is gas actually connected? When	
	No	

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'v.	Diff. Res'
		X	X					
Date Spudded 1-25-82	Date Compl. Ready to Prod. 4-8-82	Total Depth 11,205'	P.B.T.D. 11,165'					
Elevations (DF, RKB, RT, GR, etc.) 3285' GR	Name of Producing Formation Morrow	Top Oil/Gas Pay 10870'	Tubing Depth 10783'					
Perforations 2 SPF @ 10870-873-879-881-886'-923-925-936-11037-049-059-061-068-070 and 11074'			Depth Casing Shoe 11205'					
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
17-1/2"	13-3/8"	415'	430					
12-1/4"	8-5/8"	3008'	1435					
7-7/8"	5-1/2"	11205'	800					
	2 7/8	10783						

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 CAOF 1035	Length of Test 4 hrs.	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.) Back pr.	Tubing Pressure (shut-in) 2300#	Casing Pressure (shut-in)	Choke Size 5, 6, 8 and 10/64"

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 Stutz  
(Signature)  
Region Operations Manager  
(Title)  
April 27, 1982  
(Date)

OIL CONSERVATION COMMISSION  
**SEP 3 1982**  
APPROVED \_\_\_\_\_, 19\_\_\_\_  
BY Leslie A. Clement  
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 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 conditions.  
Separate Forms C-104 must be filed for each pool in multiple