1		<u>.</u>	_			
	DISTRIBUTION	NEW MEXICO OIL C	ONSERVATION COMM	IISSION	Form C-104	
-	ANTA FE	REQUEST	FOR ALLOWABLE		Supersedes Old C-104 and	
	ILE UU		AND	RECEIV	EDEllective 1-1-62	
	LAND OFFICE	AUTHORIZATION TO TRA	NSPORT OIL AND I	NATURAL GAS	- •	
	TRANSPORTER OIL W					
	GAS V					
ı.	PRORATION OFFICE			O. C. (ARYESIA, OF		
	Operator		/	ALX E		
	CITIES SERVICE OIL & GAS CORPORATION Address					
	P. O. BOX 1919 Reason(s) for filing (Check proper box)	P. O. BOX 1919 - Midland, TX 79702 Reason(s) for filing (Check proper box) Other (Please explain)				
	New Well	Change in Transporter of:	Omer (7 reasi	; explain)		
	Recompletion	Oil Dry Ga	s 🔲			
	Change in Ownership	Casinghead Gas Conden	sate 🔀	-		
	If change of ownership give name and address of previous owner				-	
II.	DESCRIPTION OF WELL AND I	Well No. Pool Name, Including Fo				
	GOVERNMENT AD Com.	1 BURTON FLAT		Kind of Lease State, Federal or Fe	EDERAL VM1500	
	Unit Letter N ; 66	0 Feet From The SOUTH Line	and 1980	Feet From The	WEST	
	Line of Section 8 Tow	mship 205 Range	28E , NMPM	EDOY	Coun	
III.	DESIGNATION OF TRANSPORT	TER OF OIL AND NATURAL GA	S			
	Name of Authorized Transporter of Cil	or Condensate	Address (Give address	,	ppy of this form is to be sent,	
	Name of Authorized Transporter of Cas	JORATION	Bax 300- Tu	LSA, OKLA.	74102 ppy of this form is to be sent)	
	ELPASO NATURAL GAS		Box 1384 - JAL			
	If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. N 8 205 28E	Is gas actually connect	ed? When		
	If this production is commingled wit		VES		8-82	
IV.	COMPLETION DATA					
	Designate Type of Completio		New Well Workover	Deepen Plug	g Back Same Res'v. Diff. Re	
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B	I.T.D.	
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top O!l/Gas Pay	Tub	oing Depth	
		•	7 0 0 17 0 17		mig Depth	
	Perforations			Dep	th Casing Shoe	
	TUBING, CASING, AND CEMENTING RECORD					
	HOLE SIZE	CASING & TUBING SIZE	DEPTH S	ET	SACKS CEMENT	
						
		1.			·····	
V.	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 at able for this depth or be for full 24 hours)					
	Date First New Oil Run To Tanks	Date of Test	Producing Method (Flou		.,,	
					•	
	Length of Test	Tubing Pressure	Casing Pressure	Cho	oke Size	
	Actual Prod. During Test	Oil-Bbis.	Water - Bbls.	Gae	-MCF	
	· · · · · · · · · · · · · · · · · · ·	L				
	GAS WELL					
	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMC	F Gra	vity of Condensate	
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut	-in) Chc	oke Size	
1 79	OFFITTIOATE OF GOVERN					
	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 MAY 1 9 1983			
			BYOriginal Signed By			
			Lestie A. Clements			
•						
		<u>_</u>	This form is to be filed in compliance with RULE 1104.			

Region Operations Manager - Production

5-16-83

(Title)

(Date)

If this is a request for allowable for a newly drilled or deepe well, this form must be accompanied by a tabulation of the devia tests taken on the well in accordance with MULE 111.

All sections of this form must be filled out completely for all able on new and recompleted wells.

Fill out only Sections I, II. III, and VI for changes of ownwell name or number, or transporter, or other such change of conditions are forms C-104 must be filed for each pool in mult