



REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. OPERATOR  
Operator  
Cities Service Oil and Gas Corporation ✓  
Address  
P.O. Box 1919 - Midland, Texas 79702  
Reason(s) for filing (Check proper box)  
New Well ☒ Change in Transporter of:  
Recompletion ☐ Oil ☐ Dry Gas ☐  
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐  
Other (Please explain)  
If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE  
Lease Name  
Government AD Com  
Well No.  
3  
Pool Name, including Formation  
Unders. Burton Flat Morrow  
Kind of Lease  
State, Federal or Fee  
Fed. NM  
Lease No.  
0553785-  
Location  
Unit Letter  
H  
1980  
Feet From The  
North  
Line and  
660  
Feet From The  
East  
Line of Section  
21  
Township  
21S  
Range  
27E  
NMPM,  
Eddy  
County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS  
Name of Authorized Transporter of Oil ☐ or Condensate ☐  
None  
Address (Give address to which approved copy of this form is to be sent)  
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☒  
Elano, Inc.  
Address (Give address to which approved copy of this form is to be sent)  
P.O. Box 1320 - Hobbs, New Mexico 88240  
If well produces oil or liquids, give location of tanks.  
Unit  
Sec.  
Twp.  
Rge.  
Is gas actually connected?  
No  
When

IV. COMPLETION DATA  
Designate Type of Completion - (X)  
Oil Well ☐ Gas Well ☒ New Well ☒ Workover ☐ Deepen ☐ Plug Back ☐ Same Res'v. ☐ Diff. Res'v. ☐  
Date Spudded  
8-9-84  
Date Compl. Ready to Prod.  
10-3-84  
Total Depth  
11,620'  
P.B.T.D.  
11,590'  
Elevations (DF, RKB, RT, GR, etc.)  
3232.5' GR  
Name of Producing Formation  
Morrow  
Top Oil/Gas Pay  
11,407'  
Tubing Depth  
11,298'  
Perforations  
2 SPF @ 11,407, 08, 10, 18, 20, 25, 38, 44, 89, 91, 95, 11,501, 10, 13, 21, 25, 29, 33, 66, 67, 70 & 11,573' Total of 44 holes (0.50" dia & 14.86" pen)  
Depth Casing Shoe  
11,604'  
TUBING, CASING, AND CEMENTING RECORD  
HOLE SIZE  
CASING & TUBING SIZE  
DEPTH SET  
SACKS CEMENT  
17-1/2"  
13-3/8"  
400'  
450  
12-1/4"  
8-5/8"  
2449'  
1650  
7-7/8"  
5-1/2"  
11604'  
850

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  
C.A.O.F. 5039  
Length of Test  
4  
Bbls. Condensate/MMCF  
Gravity of Condensate  
Testing Method (pilot, back pr.)  
Back press.  
Tubing Pressure (shut-in)  
2690#  
Casing Pressure (shut-in)  
Choke Size  
8, 10, 12 & 15/64"

VI. CERTIFICATE OF COMPLIANCE  
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.  
Signature  
Region Petroleum Engineer  
October 8, 1984  
Date  
OIL CONSERVATION DIVISION  
APPROVED  
FEB 6 1986  
Original Signed By  
Les A. Clements  
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 deviate tests taken on the well in accordance with RULE 111.  
All sections of this form must be filled out completely for all wells on new and recompleted wells.  
Fill out only Sections I, II, III, and VI for changes of own well name or number, or transporter, or other such change of condition.  
Separate Forms C-104 must be filed for each pool in multi-completed wells.