

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

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DEC 10

REQUEST FOR ALLOWABLE
ANDARTESIAN
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator Cities Service Oil and 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"/>	To report dry gas transporter and connection date
Recompletion <input type="checkbox"/>	
Change in Ownership <input type="checkbox"/>	
Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input checked="" type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	

If change of ownership give name
and address of previous owner

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 05	Lease No. 53785-A
Location Unit Letter <u>H</u> : <u>1980</u> Feet From The <u>North</u> Line and <u>660</u> Feet From The <u>East</u> Line of Section <u>21</u> Township <u>21S</u> Range <u>27E</u> , NMPM, <u>Eddy</u> County				

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/> None	Address (Give address to which approved copy of this form is to be sent)	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> Colony Natural Gas Corporation	Address (Give address to which approved copy of this form is to be sent) P.O. Box 50550 - Midland, Texas 79710	
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge.	Is gas actually connected? <u>Yes</u> When <u>12-18-85</u>

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	Same Res'v.	Diff. Res'v.
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

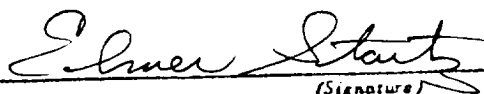
TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)

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
Testing Method (prior, 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 Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.



Region Operations Manager - Production

December 19, 1985

(Date)

OIL CONSERVATION DIVISION

APPROVED FEB 6 1986, 19BY Original Signed By
Les A. ClementsTITLE 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 condition.

Separate Forms C-104 must be filled for each pool in multiple completed wells.