| FEL_VEE FN IAN - 2 13- | | | | | • | | | |
|--|--|---|---------------------------------------|--------------------|------------------------------|--|-----------------|--|
| BNREALS DEPARTMENT Q. C. (L. Prove C-164 Prove C-164 Interview in the interview interv | | PEL VED BY | | | | • | | |
| Image: Service of the construction | ENERGY AND MINERALS DEPARTMENT | | | • | | • | Form C-104 | |
| P. O. BOX 2088 SANTA FE. NEW MEXICO 87501 REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS I Outer (Pirace explore) Cities Service 0il & Gas Corp. Address P. O. BOX 1919 - Midland, Texas 79702 Reservice 0il & Gas Corp. Address P. O. BOX 1919 - Midland, Texas 79702 Reservice 0il & Gas Corp. Address P. O. BOX 1919 - Midland, Texas 79702 Reservice 0il & Gas Corp. Address P. O. BOX 1919 - Midland, Texas 79702 Reservice 0il & Gas Corp. Address P. O. BOX 1919 - Midland, Texas 79702 Reservice 0il & Gas Corp. Address Development Do Out Cosmobed Gas Condensore Condensore Address of previous concer and address of previous concer and address of previous concer and address of previous concer Address of concertainty previous concer Address of concertainty previous concer Address of previous concer Address of concertainty previous concertainty pre | | ARTE | USERV. | άτιον | DIVISIO | N | Format 06-01- | - |
| Image: Service of the service of th | termination and the second sec | | | | DIVISIC | | Page 1 | |
| REQUEST FOR ALLOWABLE AND DUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS Image: Interpretend to the second to | | SANTA | FE, NE | NMEXI | CO 87501 | | | |
| Image: Control of the contend cont the control of the control of the control of | THANSPORTER | DE | | | | | | |
| Image: AUTHORIZATION TO TRANSPORT OL AND NATURAL CAS Operation Cities Service 0il & Gas Corp. Addition P.O. Box 1919 - Midland, Texas 79702 Research For Hung (Catch proper box) Phew voil Phew voil Change in Demership Counter the Demership Change in Demership Countership Change in Demership Countership Change in Demership Countership Countership Change in Demership Countership Change in Demership Countership Countership Change of ownership Countership Countership Countership Countership Countership Countership Muthat Lease In DESCRIPTION OF WELL AND LEASE Countership Location Countership Station Countership Interstation Interstation Passon Station Countership <tr< td=""><td></td><td></td><td>A</td><td>ND</td><td></td><td></td><td></td><td>•</td></tr<> | | | A | ND | | | | • |
| Cities Service 0il & Gas Corp. Address P.O. Box 1919 - Midland, Texas 79702 Research For Hing (Check proper hos) Dive of Hing (Check proper hos) Burton Flat Morrow State, Provend (Check proper hos) Burton Flat Morrow State, Provend (Check proper hos) Dive of Alubatizet Transporter of Check proper hos (Check proper hos) Dive of Alubatizet Transporter of Check proper hos (Check proper hos) None Hase of Alubatizet Transporter of Check proper hos (Check proper hos) None How of Alubatizet Transporter of Check proper hose (Check proper hose) None Hing productes of tho Hose) Dis | <u>I.</u> | AUTHORIZATION | TO TRANS | PORT OI | AND NATU | RAL GAS | | |
| P.O. Box 1919 - Midland, Texas 79702 Resemption of Filling (Clerk proper box) Inverse Midland, Texas 79702 Resemption of Filling (Clerk proper box) Inverse Midland, Texas 79702 Resemption of Filling (Clerk proper box) Inverse Midland, Texas 79702 Resemption of Filling (Clerk proper box) Inverse Midland, Texas 79702 Investige Texaser 79700 Inverse Mid | Cities Service Oil & Gas | s Corp. 🦯 . | | | · · · | | | |
| Herewall Change in Transporter of: Differ (Please explain) Herewall Change in Transporter of: Differ (Please explain) Herewall Condensate Differ (Please explain) Herewall Condensate Condensate It change in Ownership Condensate State, Federator Fee Herewall State, Federator Fee Fed. NM-0553785-A Location Method Levie East Levie Unit Levier H 1980 Feet From The North Line and 660 Post Condensate Instruments 215 Range 27E NMPM, Eddy County III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Address (Give address to whick apprived copy of this form is to be sent) None Address (Give address to whick apprived copy of this form is to be sent) None Hanse of Authorised Transporter of Company In the is a declease (from any other lesee or pool, give communeted of the iso accounty In | | Texas 79702 | | • | | | | |
| Image of ownership Otil Continue Continue If change of ownership Continue Continue Continue If change of ownership Continue Continue Continue If change of ownership Well No. Pool Name, Including Formation Kind of Leave If change of ownership Well No. Pool Name, Including Formation State, Federal or Fee Fed. NM-0553785-A Location One 3 Burton Flat Morrow State, Federal or Fee Fed. NM-0553785-A Location One 3 Burton Flat Morrow State, Federal or Fee Fed. NM-0553785-A Location Intervention State, Federal or Fee Fed. NM-0553785-A County Unit Letter H : 1980 Feet From The North Line and _660 Feet From The _East Line of Section 21 Township 21S Rome Zounty County II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Address (Give address to which apprived copy of this form is to be sets) None None Address (Give address to which apprived copy of this form is to be sets) P.O. Box 1384 - Jal New Mexico 88252 Pet J - 3 - 3 7 | | 1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 | · · · · · · · · · · · · · · · · · · · | | Other (Please | e explain) | | |
| Change in Ownership Costanghead Gas Condensate If change of ownership give name and address of previous owner It change of ownership give name and address of previous owner II. DESCRIPTION OF WEIL AND LEASE [Government AD] Well No. Pool Name, including Formation [Government AD] It cause No. 3 Lecetion Well No. Pool Name, including Formation [Government AD] It cause No. 3 Even No. 1 Unit Letter H 1980 Feet From The North 21S Even No. 660 Feet From The East 27E It cause Nome (A Unit Letter (A) County III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS None Address (Give address to which apprived copy of this form is to be sent) None Address (Give address to which apprived copy of this form is to be sent) P.O. Box 1384 - Jel. Yeau Mexico 88252 Feet FtD-3 If well production is commanded with that from sup other lease or pool, give commanding order number Yes 1-33-87 VI. CERTIFICATE OF COMPLIANCE Yeas 12-30-86 Less Complete Parts IV and V on reverse side if necessary. VI. CERTIFICATE OF COMPLIANCE Manager - Production Mike Williams Title form size of this form must be accompleted by a tabulation of the deviation my knowledge and belef. OIL CONSERVATION DIVISION Appendent Manager - Production This form must b | | <u> </u> | | | | | | |
| and eddress of previous owner II. DESCRIPTION OF WELL AND LEASE Lease Now. Government AD Weil No. 3 Burton Flat Morrow State. Federal or Fee Fed. NM_0553785-A Lecenten 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 Address (Give address to which approved copy of this form is to be sent) None of Authorized Transporter of Cosingheed Gas or Or Dry Gas (g) Address (Give address to which approved copy of this form is to be sent) None of Authorized Transporter of Cosingheed Gas or Or Dry Gas (g) Address (Give address to which approved copy of this form is to be sent) In a base of Authorized Transporter of Cosingheed Gas or Or Dry Gas (g) None of Authorized Transporter of Cosingheed Gas or Or Dry Gas (g) Address (Give address to which approved copy of this form is to be sent) In a base of Authorized Transporter of Cosingheed Gas or Or Dry Gas (g) Address (Give address to which approved copy of this form is to be sent) None If a base of Authorized Transporter of Cosingheed Gas or Or Dry Gas (g) Address (Give address to which approved copy of this form is to be sent) In a base of Authorized Transporter of Cosingheed Gas or Dry Gas (g) If this production is commingled with that fro | | | | | | | | |
| Leese Nome Government AD Weil No. Peol Nome, including Formation Burton Flat Morrow Kind of Leone State, Federal or Fee Leeve No. Lecetion Unit Letter H 1980 Feel From The North Line and 660 Feet From The East Leove No. Line of Section 21 Township 21S Range 27E NMPM, Eddy County III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Address (Give address to which approved copy of this form is to be sent) None None Or Condensate Address (Give address to which approved copy of this form is to be sent) None Address (Give address to which approved copy of this form is to be sent) None P.O. Box 1384 - Jal., New Mexico 88252 field FD-3 If well produces oil or liquids. Unit Sec. Yes If well produces oil or liquids. Unit Sec. Yes 12-30-86 If well produces oil or liquids. Unit Sec. Yes 12-30-86 Class GT MAGE If well produces oil or liquids. Unit Sec. Twp. Reg Mike Williams 12-30-86 Class GT MAGE If well produces oil or liquids. Unit Sec. Twp. Nor | | | | | | · | | |
| Government AD 3 Burton Flat Morrow State. Federal or Fee Fed. NM-0553785-A Locelion H 1980 Feel From The_North Line and660 Feet From TheEast Unit Letter H : 1980 Feel From TheNorth Line and660 Feet From TheEast Line of Section 21 Township 21S Range 27E NMPM. Eddy County III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Address (Give address to which apprived copy of this form is to be sent) None Name of Authorized Transporter of Cosingheod Goe or Dry Gos [20] Address (Give address to which apprived copy of this form is to be sent) None P.O. Box 1384 - Jal. New Mexico 88252 Set TD-3 If well produces oil or liquide. Unit Sec. Twp. 'Rge. Is gas actually connected? If well produces oil or liquide. Unit Sec. 'Twp. 'Rge. Is gas actually connected? I-33 - 87 Vie location of tanks. Unit Sec. 'Twp. 'Rge. Is gas actually connected? I-33 - 87 Vie location of tanks. Unit Sec. 'Twp. 'Rge. Is gas actually connected? I-33 - 87 Vie location of tanks. <t< td=""><td></td><td></td><td>Including F</td><td>ormation</td><td></td><td>Kind of Leave</td><td></td><td></td></t<> | | | Including F | ormation | | Kind of Leave | | |
| 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 Nome of Authorized Transporter of Coll of Condenatio Address (Give address to which apprived copy of this form is to be sent) None None Address (Give address to which apprived copy of this form is to be sent) Name of Authorized Transporter of Cosinghead Gas of Dry Gas Ga Address (Give address to which apprived copy of this form is to be sent) Name of Authorized Transporter of Cosinghead Gas of Dry Gas Ga Address (Give address to which apprived copy of this form is to be sent) Name of Authorized Transporter of Cosinghead Gas of Dry Gas Ga P.O. Box 1384 - Jal, New Mexico 88252 Fast FPD 3 If well produces oil or liquids. Unit Sec. Twp. Rgs. If well produces oil or liquids. Unit Sec. Twp. Rgs. Vice Complete Parts IV and V on reverse side if necessary. Oil CONSERVATION DIVISION Approved JAN Si D 1987 Image Second Ray Withe fare arequast for allowable for a newly drilled o | Government AD | | | | | | Fed.NM- | - |
| Unit Letter Peer from the | | No | | ····· | | | <i>i</i> | |
| III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of OIL or Condensate Name of Authorized Transporter of OIL or Condensate Name of Authorized Transporter of OIL or Condensate Name of Authorized Transporter of Cosinghead Gas or Dry Gas (2) Address (Give address to which approved copy of this form is to be sent) E1 Paso Natural Gas Company P.O. Box 1384 - Jal, Vew Mexico 88252 Pest 7P.3 If well produces oil or liquids. Unit Sec. Twp. Yes 12-30-86 Yes 12-30-86 Complete Parts IV and V on reverse side if necessary. VI. CERTIFICATE OF COMPLIANCE I hereby certify that the information given is true and complete to the best of my knowledge and belief. Oil CONSERVATION DIVISION APPROVED JAN Si 0 1987 Mike Williams TITLE Oil & Coil Si Inspector Region Operations Manager - Production (Title) December 31, 1986 | Unit Letter;; | Feel From TheNOT | <u>" []]</u> Lin | e and | 000 | _ Feet From TheE | ast | |
| Name of Authorized Transporter of Cill or Condensate Name of Authorized Transporter of Calinghead Gas or Dry Gas (a) Name of Authorized Transporter of Calinghead Gas or Dry Gas (a) Name of Authorized Transporter of Calinghead Gas or Dry Gas (a) Name of Authorized Transporter of Calinghead Gas or Dry Gas (a) Name of Authorized Transporter of Calinghead Gas or Dry Gas (a) Name of Authorized Transporter of Calinghead Gas or Dry Gas (a) Name of Authorized Transporter of Calinghead Gas or Dry Gas (a) Name of Authorized Transporter of Calinghead Gas or Dry Gas (a) Name of Authorized Transporter of Calinghead Gas or Dry Gas (a) Name of Authorized Transporter of Calinghead Gas or Dry Gas (a) If well products of I liquids. Unit Sec. Twp. Rge. Is gas actually connected? Yes 12-30-86 chag GT iChi (b) If this production is commingled with that from any other lease or pool, give commingling order number: 12-30-86 NOTE: Complete Parts IV and V on reverse side if necessary. Oil CONSERVATION DIVISION Neer complete with and that the information given is true and complete to the best of my knowledge and belief. Mike Williams < | Line of Section 21 Towns | hip 215 | Range | 27E | , ММРМ | , Eddy | | County |
| E1 Paso Natural Gas Company P.O. Box 1384 - Ja1, Vew Mexico 88252 Pist FD-3 If well produces oil or liquids. Unit Sec. Twp. Rgs. Is gas actually connected? Wien I - 23 - 87 give location of tanks. Yes 12-30-86 chag GT iCN6 If this production is commingled with that from any other lease or pool, give commungling order number: NOTE: Complete Parts IV and V on reverse side if necessary. VI. CERTIFICATE OF COMPLIANCE OIL CONSERVATION DIVISION I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given is true and complete to the best of my knowledge and belief. OIL CONSERVATION DIVISION Approved JAN \$ 0 1987 19 BY Original Signed By TITLE Oil & Ge's Inspector Mike Williams Oil & Ge's Inspector This form la to be filled in compliance with Rule 1104. If this is a request for allowable for a newly drilled or despend 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. | Name of Authorized Transporter of OII | | | | Give address s | io which approved copy of | this form is to | be sentj |
| If well produces oil or liquids, give location of tanks. Unit Sec. Twp. Rge. Is gas actually connected? When If this production is commingled with that from any other lease or pool, give commingling order number: If this production is commingled with that from any other lease or pool, give commingling order number: Image: 12-30-86 chap GT ick NOTE: Complete Parts IV and V on reverse side if necessary. OIL CONSERVATION DIVISION VI. CERTIFICATE OF COMPLIANCE OIL CONSERVATION DIVISION I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given is true and complete to the best of my knowledge and belief. OIL CONSERVATION DIVISION APPROVED JAN S: 0 1987 19 BY Original Signed By TITLE Oil & G28 Inspector Mike Williams TITLE Signature; This form is to be filed in compliance with RULE 1104. If this is a request for allowable for a newly drilled or despend well, this form must be accompanied by a tabulation of the deviation test taken on the well in accordance with RULE 111. All sections of this form must be filied out completely for allowable on new and recompleted wulls. | 4 | | Gas 🔀 | | | | - | be sent) OLTAZ |
| If this production is commingled with that from any other lease or pool, give commingling order number: NOTE: Complete Parts IV and V on reverse side if necessary. 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 is true and complete to the best of my knowledge and belief. OIL CONSERVATION DIVISION APPROVED JAN Si 0 1987 I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given is true and complete to the best of my knowledge and belief. OIL CONSERVATION DIVISION APPROVED JAN Si 0 1987 , 19 BY Original Signed By , 19 TITLE Oil & Ge's Inspector This form is to be filled in compliance with RULE 1104. If this is a request for allowable for a newly drilled or deepened (Signeture) Signeture) If this form must be accompanied by a tabulation of the deviation test 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. All ecompleted wells. | | | Rge. | | | | 0 00252 | 1-23-87 |
| NOTE: Complete Parts IV and V on reverse side if necessary. 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 is true and complete to the best of my knowledge and belief. OIL CONSERVATION DIVISION APPROVED JAN \$ 0.1987 19 BY Original Signed By Mike Williams 11LE Oil & Ges Inspector This form ls to be filled in compliance with RULE 1104. If this is a request for allowable for a newly drilled or despend 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 wulls. | L | 1 1 | , , | ******* | | | 36 | chg GT ich6 |
| 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 is true and complete to the best of my knowledge and belief. OIL CONSERVATION DIVISION APPROVED JAN \$10 1987 19 BY Original Signed By Mike Williams Oil & Ge's Inspector TITLE Oil & Ge's Inspector This form is to be filled in compliance with RULE 1104. If this is a request for allowable for a newly drilled or despened 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. | - | | | give comm | ungling order | number: | | |
| I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given is true and complete to the best of my knowledge and belief. APPROVED | NOTE: Complete Parts IV and V o | n reverse side if neces | ssary. | 11 | | | | |
| been complied with and that the information given is true and complete to the best of my knowledge and belief. BY | VI. CERTIFICATE OF COMPLIANC | E | | | | ONSERVATION DIV | ISION | |
| Chief Cit Gis Inspector (Signature) S Region Operations Manager - Production (Title) December 31, 1986 (Title) (Ti | | | | APPRO | OVED | | , 1 | 9 |
| Chief Cit Gis Inspector (Signature) S Region Operations Manager - Production (Title) December 31, 1986 (Title) (Ti | my knowledge and belief. | | | BY | * | Original Signed | By | ······································ |
| Check This form is to be filed in compliance with RULE 1104. (Signature) (Signature) Region Operations Manager - Production (Title) (Title) (Title) December 31, 1986 1986 | | | | TITLE | | Mike Williams | | <u></u> |
| (Signature) <u>Region Operations Manager - Production</u> (Title) December 31, 1986 (Signature) (Signature) (Title) 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 allow- able on new and recompleted wells. | Charlen Str. | t | | | | be filed in compliance | with RULE | |
| December 31, 1986 | Region Operations Manage | √ 3 r - Production | | well, the tests to | is form must ken on the w | be accompanied by a t well in accordance with | AULE 111. | the deviation |
| | | | | able on | new and rec | completed wells. | - | ly for allow- |

(Date)

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 filed for each pool in multiply completed wells.

.

Form C-104 Revised 10-01-78 Format 06-01-83 Page 2

.

IV. COMPLETION DATA

| Designate Type of Completi | on — (X) | OII Well | Gas Well | New Well | Workover | Deepen | Piug 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 | | | |
| Periorations | | | <u> </u> | _1 | | <u></u> | Depth Casis | ng Shoe | |
| | ····· | TUBING, | CASING, AN | D CEMENTI | NG RECOR | D | | | |
| HOLE SIZE | CASIN | IG & TUBI | | | DEPTH SE | | S.A | CKS CEMEN | T |
| | | | | | | | | | |
| | | | <u> </u> | | | | _ | | |

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 allow-OIL WELL able for this depth or be for full 24 hours)

| Date First New Oil Run To Tanks | Date of Test | Producing Method (Flow, pump, g | Producing Method (Flow, pump, gas lift, etc.) | | |
|---------------------------------|-----------------|---------------------------------|---|--|--|
| Length of Test | Tubing Pressure | Casing Pressure | Choke Size | | |
| Actual Prod. During Test | Oil-Bbls. | Water - Bbis. | Gas - MCF | | |
| L | | | | | |

GAS WELL

| Actual Prod. Test-MCF/D | Length of Test | Bbls. Condensate/MMCF | Gravity of Condensate |
|----------------------------------|---------------------------|---------------------------|-----------------------|
| Teeting Method (pitol, back pr.) | Tubing Pressure (Shut-in) | Casing Pressure (Shut-in) | Choke Size |
| | | | |