

DISTRIBUTION		1
ANTAFEE		1
ILE		1
S.O.S.		
AND OFFICE		
TRANSPORTER	OIL	1
	GAS	3
OPERATOR		1
PRODUCTION OFFICE		

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

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

I. OPERATOR
Operator Cities Service Company
Address P.O. Box 1919 - Midland, Texas 79702
Reason(s) for filing (Check proper box)
New Well ☐ Change in Transporter of: Oil ☐ Dry Gas ☐
Recompletion ☐ Casinghead Gas ☐ Condensate ☐
Change in Ownership ☒ Other (Please explain) change of operator's name is effective July 1, 1977.
If change of ownership give name and address of previous owner Cities Service Oil Company - P.O. Box 1919 - Midland, Texas 79702

II. DESCRIPTION OF WELL AND LEASE
Lease Name Spencer A Well No. 1 Pool Name, including Formation Carlsbad Strawn Kind of Lease Full Lease No. -
Location Unit Letter O 660 Feet From The South Line and 1980 Feet From The East
Line of Section 30 Township 22S Range 27E , NMPM, Eddy County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS
Name of Authorized Transporter of Oil ☐ or Condensate ☒
The Permian Corporation Address (Give address to which approved copy of this form is to be sent) Box 1133-Houston, Texas 77001
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☒
El Paso Natural Gas Company Address (Give address to which approved copy of this form is to be sent) Box 1384-Jalisco, New Mexico 88352
Llano, Inc. Address (Give address to which approved copy of this form is to be sent) Box 1320-Hobbs, New Mexico 88340
If well produces oil or liquids, give location of tanks. 0 30 22S 27E Is it actually connected? Yes When 10-22-76
El Paso Natural Gas Co. P.O. Box 1325 - Houston, Texas 77001 1-25-73
If this production is commingled with that from any other lease or pool, give commingling order number: 1-26-73

IV. COMPLETION DATA
Designate Type of Completion - (X) ☒ Oil Well ☐ Gas Well ☐ New Well ☐ Workover ☐ Deepen ☐ Plug Back ☐ Some Rests ☐ Diff. Rests ☐
Date Spudded ☐ Date Compl. Ready to Prod. ☐ Total Depth ☐ P.B.T.D. ☐
Elevations (DE, RAB, 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 ☐

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 allowable for this depth or be for full 24 hours)

OIL WELL
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-REIN. ☐ Water-REIN. ☐ Gas-MCF ☐

GAS WELL

Actual Prod. Test-MCF/D ☐ Length of Test ☐ Bbls. Condensate/MMCF ☐ Gravity of Condensate ☐
Testing Method (pitot, back pr.) ☐ Tubing Pressure (shut-in) ☐ Casing Pressure (shut-in) ☐ Choke Size ☐

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.

E. Spaulden
(Signature)

Region Operations Manager
(Title)

6/10/77
(Date)

OIL CONSERVATION COMMISSION

APPROVED JUL 20 1977, 19
BY W. A. Grissett
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 condition.

Separate Forms C-104 must be filed for each well in multiple.