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

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

O. C. C.
ARTESIA, OFFICE

I. Operator
CITIES SERVICE OIL COMPANY

Address
P.O. BOX 69, Hobbs, N.M. 88240

Reason(s) for filing (Check proper box)

New Well	<input type="checkbox"/>	Change in Transporter of:		To report dual transporter and connection date
Recompletion	<input type="checkbox"/>	Oil	<input type="checkbox"/>	
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>	

Other (if none explain)

If change of ownership give name and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name Merland B	Well No. 1	Pool Name, including Formation So. Carlsbad Morrow	Type of Lease Fee	Lease No. -
Location				
Unit Letter G	1980	Feet From The NORTH	Line and 1980	Feet From The EAST
Line of Section 30	Township 22S	Range 27E	Section Eddy	County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil _____ or Condensate _____	Address (to be filled in which approved copy of this form is to be sent)
Name of Authorized Transporter of Casinghead Gas _____ or Dry Gas X	Address (to be filled in which approved copy of this form is to be sent)
Transwestern Pipeline Co. (89.82835%)	Box 2521, Houston, Texas 77001
Llano, Inc. (10.17165%)	Box 1320, Hobbs, N.M. 88240
If well produces oil or liquids, give location of tanks.	When 11-10-71 (Transwestern) 4-27-72 (Llano, Inc.)

If this production is commingled with that from any other lease or pool, give commingling number: _____

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Reopen	Plug Back	Same Restv.	Diff. Restv.
Date Spudded	Date Compl. Ready to Prod.	Total Depth	F.B.T.D.					
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Test Oil Gas (etc.)	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 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 (oil 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	Bbls. Condensate - MCF	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.

(Signature)
Dist. Admin. Supervisor

(Title)

May 8, 1972

(Date)

OIL CONSERVATION COMMISSION

APPROVED _____ 19 _____

BY **W. A. Gressett**

TITLE _____

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 pool in multiply completed wells.