

DISTRIBUTION			
ANTA FE		1	
ILE		1	✓
S.G.S.			
AND OFFICE			
TRANSPORTER	OIL		
	GAS	1	
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

RECEIVED

JUN 16 1977

I. OPERATOR

Operator Cities Service Company **O. C. C.**  
Address P.O. Box 1919 - Midland, Texas 79702 **ARTESIA, OFFICE**

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) 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 South

Lease Name Merland C Com Well No. 1 Pool Name, including Formation Carlsbad Morrow South Kind of Lease Free Lease No. —

Location

Unit Letter F : 1980 Feet From The North Line and 1980 Feet From The West

Line of Section 19 Township 22S Range 27E , NMFM, 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 ☒ Transwestern Pipe Line Company Address (Give address to which approved copy of this form is to be sent) 1st Nat'l Bank - Odessa, Texas 79761

If well produces oil or liquids, give location of tanks. Unit F Sec. 19 Twp. 22S Rge. 27E Is gas actually connected? Yes When 8-15-73

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

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Hole	Diff. Rec.
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
Elevations (DF, 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 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

7.22

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. Spulder  
(Signature)

Region Operations Manager  
(Title)

6/10/77  
(Date)

OIL CONSERVATION COMMISSION

APPROVED JUL 20 1977  
BY W. A. Gressett  
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 pool in multiple.