

| | |
|-------------------|------------|
| DISTRIBUTION | |
| ANTAFEL | 1 |
| ILE | 1 |
| S.G.S. | |
| AND OFFICE | |
| TRANSPORTER | OIL GAS |
| 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 Cities Service Company
Address P.O. Box 1919 - Midland, Texas 79702
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 COLONIA A Com Well No. 1 Pool Name, Including Formation CARLSBAD MORROW SA Kind of Lease Free
Location Unit Letter K 1650 Feet From The South Line and 1980 Feet From The West
Line of Section 18 Township 22S Range 07E 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 1183 - Houston, Texas 77001
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 K Sec. 18 Twp. 22S Rng. 07E Is gas actually connected? yes When 2-26-76

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

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

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. Spaulder (Signature)
Region Operations Manager (Title)
6/10/77 (Date)
OIL CONSERVATION COMMISSION
APPROVED JUN 20 1977
BY W. A. Gressett
TITLE SUPERVISOR, DISTRICT E
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.