ſ	NO. OF COMIES RECEIVED				
ŀ	DISTRIBUTION	NEW MEXICO OIL CO	NSERVATION COME ION	Form C-104	
ŀ	SANTA FE		OR ALLOWABLE	Supersedes Old C+104 and C+110	
ł	FILE		AND	Effective 1-1-65	
-				RECEIVED	
	U.S.G.S.	AUTHORIZATION TO TRAF	SPORT OIL AND NATURAL	JKJ	
	LAND OFFICE			N. C. 1070	
	TRANSPORTER OIL			ANG 0 1979	
	GAS				
[	OPERATOR			C. C. C.	
1	PROPATION OFFICE			ARTEBIA, CFPICE	
	Operator			ARICON, OIL OF	
	Cities Service Compa	Cities Service Company			
ł	idress				
	PO Box 1919 Mid	P.O. Box 1919 Midland, TX 79702			
ł	Reason(s) for filing (Check proper box)		Other (Please explain)		
1	New Well	Change in Transporter of:			
		Cil Dry Gas			
1	Recompletion	Casinghead Gas Condens			
	Change in Ownership				
	If change of ownership give name				
and address of previous owner					
	•				
П.	DESCRIPTION OF WELL AND I	,EASE		e Lease No.	
	Lease Name	Well No. Pool Name, including For			
	Villa A Com	1 <b>Und.</b> N. Loving	- Morrow Jas State, Feder	al or Fee FEE	
	Location Unit Letter K : 1650 Feet From The South Line and 1980 Feet From The West				
	Unit Letter K : 1650 Feet From The South Line and 1980 Feet From The WESL				
	Line of Section 8 Township 23S Hange 28E , NMPM, Eddy County				
	Line of Section 8 Township 235 Hange 20E , IMPER, Eddy				
A THE THE AND ATTINAT CAS					
Ш.	DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS           Nore of Authorized Transporter of Oil         or Condensate X         Address (Give address to which approved copy of this form is to be sent)				
	NOT DETERMINED		Address (Cine address in which one	oved copy of this form is to be sent)	
	Name of Authorized Transporter of Cas	inghead Gas 📄 or Dry Gas 🏹	Address (Give address to which appr		
	NOT DETERMINED				
		Unit Sec. Twp. P.ge.	Is gas actually connected?	hen'	
	If well produces oil or liquids, give location of tanks.		NO		
			rive commingling order number:		
	If this production is commingled wit	h that from any other lease or pool, a	give comminging order number		
IV.	COMPLETION DATA	Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.	
	Designate Type of Completic		X		
		Date Compl. Ready to Prod.	Total Depth	P.B.T.D.	
	Date Spudded		12,500'	12,477'	
	4/5/79	7/26/79		Tubing Depth	
	Elevations (DF, RKB, RT, GR, etc.,	Name of Producing Formation	Top Oil/Gas Pay		
	3024.9' GR	Morrow	12,452	12,389' Depth Casing Shoe	
	Perforations 2 0.48" hol	es at 12,452', 12,453', a	and 12, 454'		
				12,499'	
		TUBING, CASING, AND	CEMENTING RECORD		
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
	HOLE STEE	30''	40'	<u>3 yds</u>	
	26"	20''	427'	900 sacks	
		13-3/8"	3011'	2400 sacks	
		9-5/8" 5 <sup>1</sup> / <sub>2</sub> " LINER			
	12 <sup>1</sup> <sub>2</sub> " also 8 <sup>1</sup> <sub>2</sub> "				
V. TEST DATA AND REQUEST FOR ALLOWABLE OII. WELL Data of Test Data of Test Data of Test Data of Test Producing Method (Flow, pump, gas lift, etc.)			fter recovery of total volume of 1000 0. n:h or he for full 24 hours)	it and maar of equal to el entere rep	
			lift, etc.)		
	Date First New Oil Run To Tanks	Date of Test	Froducing Monor (1997) From From 19		
				Choke Size	
	Length of Test	Tubing Pressure	Casing Pressure		
				Gas - MCF	
	Actual Pred. During Test	Cil-Bble.	Water - Bbis.		
	I	- <b>-</b>			
	CAC WELL				
	GAS WELL Actual Frod. Tost-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate	
		4 hrs	NONE		
	2768 (CAOF) Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size	
		3705		13,14,15, & 16/64"	
	back pressure		OUL CONSERV	ATION COMMISSION	
VI	CERTIFICATE OF COMPLIAN	CE		79	
	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.		OCT 1 2 1979		
			APPROVED		
			BY U, CI Anstein		
			BY SUPERVISOR, DISTRICT. II		
			TITLE		
	$\frown$		mula form in to be filled i	n compliance with RULE 1104.	
	Eduilder		11		
		V	If this is a request for sliowable for a newly drilled or deepened well, this is a request for sliowable 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 allow- able 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.		
	-	lature)			
	Region Operations	Manager			
		itle)			
	8/7/79				
		u(e)			
			The second se		