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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRORATION OFFICE	

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

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

JUN 14 1972

O. C. C.
ARTESIA, OFFICE

Operator CITIES SERVICE OIL COMPANY	
Address P.O. Box 69, Hobbs, New Mexico 88240	
Reason(s) for filing (Check proper box)	
New Well <input checked="" type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
Other (Please explain)	

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Government M	Well No. 3	Pool Name, Including Formation Washington (Ranch Morrow)	Kind of Lease State, Federal or Fee Fed	Lease No. NM 0472258
Location				
Unit Letter G	1980	Feet From The North	Line and 1930	Feet From The East
Line of Section 27	Township 25S	Range 24E	NMPM, Eddy	County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
No gas connection at the time of this filing		
If well produces oil or liquids, give location of tanks.	Unit	Sec.
	Twp.	Rge.
	Is gas actually connected? No	

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 Res'v.	Diff. Res'v.
		X	X				X	
Date Spudded 4-25-72	Date Compl. Ready to Prod. 6-7-72		Total Depth 7068		P.B.T.D. 7061			
Elevations (DF, RKB, RT, CR, etc.) 3730 DF	Name of Producing Formation Morrow		Top Oil/Gas Pay 6916		Tubing Depth 6362			
Perforations 1 - 0.33" Hole each @ 6916, 6919, 6933, 6943, 6947, 6951, 6954, 6959, 6963, 6965, 6968, 6976, 6979, & 6981					Depth Casing Shoe 7066			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
18"	13 3/8"		40'		2 yds Redmix			
11"	8 5/8"		763'		395 sacks			
7 7/8"	5 1/2"		6500'		150 sacks			
4 3/4"	4" liner		6404--7066'		35 sacks			

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 CAOF 1771 MCFD	Length of Test 4 hrs.	Bbls. Condensate/MMCF	Sp. Grav of Gas 0.570
Testing Method (pilot, back pr.) Back Pressure	Tubing Pressure (shut-in) 2520 psi	Casing Pressure (shut-in) -	Choke Size 8/64", 13/64" 22/64", 34/64"

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)
June 9, 1972
(Date)

OIL CONSERVATION COMMISSION

JUL 2 1972

APPROVED _____, 19____
BY **W. A. Gussard**
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 recompleted wells.