

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

DISTRIBUTION		
ARTERIAL	1	
FILE	1	✓
S.G.S.		
AREA OFFICE		
TRANSPORTER	OIL	
	GAS	1
OPERATOR	1	
PRODUCTION OFFICE		

I. Operator: Cities Service Company **D. C. C. ARTERIAL OFFICE**

Address: P.O. Box 1919 - Midland, Texas 79702

Reason(s) for filing (Check proper box):
 New Well
 Recompletion
 Change in Ownership
 Change in Transporter of:
 Oil Dry Gas
 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

Lease Name: Government m Well No.: 3 Pool Name, Including Formation: Washington Ranch Morrow Kind of Lease: Federal Lease No.: NMx 88007

Location: Unit Letter E1 : 1980 Feet From The North Line and 1980 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 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 : El Paso Natural Gas Company Address (Give address to which approved copy of this form is to be sent): Box 1384 - Jal, New Mexico 88050

If well produces oil or liquids, give location of tanks: _____ Is it initially connected? yes When: 7-14-77

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)	<input type="checkbox"/> Oil Well	<input type="checkbox"/> Gas Well	<input type="checkbox"/> New Well	<input type="checkbox"/> Workover	<input type="checkbox"/> Deepen	<input type="checkbox"/> Plug Back	<input type="checkbox"/> Same Resb.	<input type="checkbox"/> Diff. Resb.
Date Spudded	Date Compl. Ready to Prod.		Total Depth		F.B.T.D.			
Elevations (DE, RKR, RL, CR, etc.)	Name of Producing Formation		Top Oil/ Gas Day		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 (pilot, 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 JUL 20 1977, 19____
 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 well in multiple