

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

Form C-104
 Supersedes OIL C-101 and C-11
 Effective 10/1/81

MAR 16 1983

REGISTRATION DIVISION
 SANTA FE

DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	

Operator Cities Service Oil & Gas Corporation

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

Reason(s) for filing (Check proper box) Other (Please explain)

New Well Change in Transporter of: Oil Dry Gas Change of Operator's Name

Recompletion Oil Condensate is effective April 1, 1983.

Change in Ownership Casinghead Gas Condensate

If change of ownership give name and address of previous owner Cities Service Company - P.O. Box 1919 - Midland, Texas 79702

DESCRIPTION OF WELL AND LEASE

Lease Name <u>STATE DM</u>	Well No. <u>1</u> Pool Name, Including Formation <u>BRavo DOME AREA</u>	Kind of Lease State, Federal or Free	Lease No. <u>L-5852</u>
Location			
Unit Letter <u>F</u>	<u>1980</u> Feet From The <u>NORTH</u> Line and <u>1980</u> Feet From The <u>WEST</u>		
Line of Section <u>7</u>	Township <u>18N</u> Range <u>30E</u> , NMPM, <u>HARDING</u> County		

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil or Condensate Address (Give address to which approved copy of this form is to be sent)
STAT-12 CO2 SUPPLY WELLS

Name of Authorized Transporter of Casinghead Gas or Dry Gas Address (Give address to which approved copy of this form is to be sent)

If well produces oil or liquids, give location of tanks. Unit Sec. Twp. Pge. Is gas actually connected? When

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

COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Resv.	Diff. Resv.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Date Spudded	Date Compl. Ready to Prod.	Total Depth		P.B.T.D.				
Elevations (DF, RKB, RT, CR, 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

TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of lead 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 (flow, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size

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.

Elmer Startz
 (Signature)
Region Operations Manager
 (Title)
March 14, 1983
 (Date)

OIL CONSERVATION COMMISSION

APPROVED 3-16, 19 83

BY Carl Ullvog

TITLE DISTRICT SUPERVISOR

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 completion 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 change of owner, well name or number, or transporter, or other such change of condition.