

|                  |                                     |
|------------------|-------------------------------------|
| DISTRIBUTION     |                                     |
| SANTA FE         |                                     |
| FILE             | <input checked="" type="checkbox"/> |
| U.S.G.S.         |                                     |
| LAND OFFICE      |                                     |
| TRANSPORTER      | OIL<br>GAS                          |
| OPERATOR         |                                     |
| PROMOTION OFFICE |                                     |

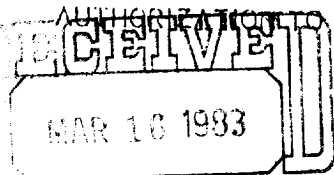
## NEW MEXICO OIL CONSERVATION COMMISSION

## REQUEST FOR ALLOWABLE

## AND

## AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104

Supersedes Old C-101 and C-11  
Effective 1-1-65

|                                                                |                                                                                         |
|----------------------------------------------------------------|-----------------------------------------------------------------------------------------|
| Operator                                                       |                                                                                         |
| Cities Service Oil & Gas Corporation                           |                                                                                         |
| Address                                                        |                                                                                         |
| P.O. Box 1919 - Midland, Texas 79702                           |                                                                                         |
| Reason(s) for filing (Check proper box)                        |                                                                                         |
| New Well <input type="checkbox"/>                              | Change In Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> |
| Recompletion <input type="checkbox"/>                          | Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>             |
| Change In Ownership <input checked="" type="checkbox"/>        |                                                                                         |
| Other (Please explain)                                         |                                                                                         |
| Change of Operator's Name is effective April 1, 1983.          |                                                                                         |
| 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 | Well No.    | Pool Name, Including Formation | Kind of Lease       | Lease No.          |
| Smith A    | 1           | STAVO DOMC AREA                | Step-Production Fee |                    |
| Location   | Unit Letter | 1980 Feet From The             | NORTH               | 1980 Feet From The |
|            | F           |                                |                     | WEST               |
|            | 21          | Township                       | 18N                 | Range              |
|            |             |                                | 29E                 | HARDING            |
|            |             |                                | NMPM,               | 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) |      |      |      |                            |      |
| State-10 CO <sub>2</sub> SUPPLY WELL                        |                                                                          |      |      |      |                            |      |
| 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. | Rge. | 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 Res'v. | Diff. Res'v. |
| 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 OIL WELL

(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 Wlog  
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 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.