

DISTRIBUTION			
ANTA FE		/	
ILE		/	✓
S.G.S.			
LAND OFFICE			
TRANSPORTER	OIL	/	
	GAS	/	
OPERATOR		/	
PRORATION OFFICE			

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**

**I. OPERATOR**

Operator: Cities Service Company ✓ JAN 30 1978

Address: P.O. Box 1919 Midland, TX 79702

Reason(s) for filing (Check proper box): Additional **O.C.C. ARCEBIA OFFICE**

New Well  ~~Change~~ Transporter of: Oil  Dry Gas  X

Recompletion  Oil  Casinghead Gas  Condensate

Change in Ownership

If change of ownership give name and address of previous owner \_\_\_\_\_

**II. DESCRIPTION OF WELL AND LEASE**

Lease Name <u>Government U Com.</u>	Well No. <u>1</u>	Pool Name, including Formation <u>Burton Flat Morrow</u>	Kind of Lease State, Federal or Free <u>Federal</u>	Lease No. <u>NM 1710</u>
Location Unit Letter <u>G</u> ; <u>1980</u> Feet From The <u>North</u> Line and <u>1980</u> Feet From The <u>East</u>				
Line of Section <u>22</u> Township <u>20S</u> Range <u>28E</u> , NMPM, <u>Eddy</u> County				

**III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS**

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> <u>The Permian Corporation</u>	Address (Give address to which approved copy of this form is to be sent) <u>Box 1183, Houston, TX 77001</u>
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> <u>Cities Service Company (37.21767)</u> <u>* El Paso Natural Gas Co. (17.74050)</u>	Address (Give address to which approved copy of this form is to be sent) <u>Box 300, Tulsa, OK 74102</u> <u>Box 1384, Jal, NM 88252</u>
If well produces oil or liquids, give location of tanks. Unit <u>G</u> Sec. <u>22</u> Twp. <u>20S</u> Rng. <u>28E</u>	Is gas actually connected? <u>Yes</u> When <u>1-12-78</u> <u>4-11-74</u> <u>4-11-75</u>
* <u>Illano, Inc. (45.04183)</u>	<u>Box 1320, Hobbs, NM 88240</u>

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 Resv.	Diff. Resv.
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

**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

*Post 2/3*

**GAS WELL**

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, 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. Spiller*  
 (Signature)  
Region Operations Manager  
 (Title)  
1-25-78  
 (Date)

**OIL CONSERVATION COMMISSION**

APPROVED JAN 31 1978, 19  
 BY *W. A. Grissett*  
 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 deviate 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 conditions. Separate Forms C-104 must be filed for each well in multiple.