DISTRIBUTION			
SANTA FE		1	
FILE		1	✓
U.S.G.S.			
LAND OFFICE			
TRANSPORTER	OIL	1	
	GAS	1	
OPERATOR		1	
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 C-11
Effective 1-1-65

RECEIVED

DEC 21 1977

O. C. C.
ARTESIA, OFFICE

Operator
Cities Service Company ✓

Address
P.O, Box 1919 Midland, TX 79702

Reason(s) for filing (Check proper box)

New Well	☐	~~Change in~~ Additional Transporter of:			
Recompletion	☐	Oil	☐	Dry Gas	☒
Change in Ownership	☐	Casinghead Gas	☐	Condensate	☐

Other (Please explain)
AA? 67 ?77

If change of ownership give name and address of previous owner ______

I. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease (State, Federal or Fee)	Lease No.
Government AA Com	1	Burton Flats Wolfcamp, North	Federal	NM-18293

Location
Unit Letter C ; 660 Feet From The North Line and 1980 Feet From The West
Line of Section 23 Township 20S Range 28E , NMPM, Eddy County

II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☐ or Condensate ☒
The Permian Corporation

Address (Give address to which approved copy of this form is to be sent)
Box 1183 Houston, TX 77001

Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☒
Cities Service Company (37.21767)
* El Paso Natural Gas. Co (17.74050)
* Llano, Inc. (45.04183)

Address (Give address to which approved copy of this form is to be sent)
Box 300 Tulsa, OK 74102
Box 1384 Jal, NM 88252
Box 1320 Hobbs, NM 88240

If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	C	23	20S	28E	Yes	12-14-77 5-19-75 4-7-75

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.

Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
Elevations (DF, RKB, RT, GR, 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

(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)

OIL WELL

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

Posted
ID-3
Add CT
2/3/78

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.

(Signature)
Region Operations Manager
(Title)
12-19-77
(Date)

OIL CONSERVATION COMMISSION

APPROVED JAN 31 1978, 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.