

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

RECEIVED BY
 APR 02 1984
 O. C. D.
 ARTESIA, OFFICE

Form C-10*
 Supersedes Old C-104 and C-105
 Effective 1-1-65

DISTRIBUTION		
ANTAFE	✓	
ILE	✓	✓
S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL ✓	
	GAS ✓	
OPERATOR		✓
PRORATION OFFICE		

I. Operator
 CITIES SERVICE OIL & GAS CORPORATION ✓
 Address
 P. O. Box 1919 - Midland, Texas 79702
 Reason(s) for filing (Check proper box)
 New Well Change in Transporter of:
 Recompletion Oil Dry Gas
 Change in Ownership Casinghead Gas Condensate

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name Government T Com.	Well No. 2	Pool Name, including Formation N. Burton Flat Wolfcamp	Kind of Lease State, Federal or Fee Fed. N.M.	Lease No. 0546580
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>15</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"/> Koch Oil Company of Texas, Inc.	Address (Give address to which approved copy of this form is to be sent) Box 1558 - Breckenridge, Texas 76024			
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> Cities Service Oil & Gas Corporation	Address (Give address to which approved copy of this form is to be sent) Box 300 - Tulsa Oklahoma 74102			
If well produces oil or liquids, give location of tanks.	Unit G	Sec. 15	Twp. 20S	Rge. 28E
Is gas actually connected?	Yes	When 12-2-77		

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)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Rest'v.	Diff. Rest'
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

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.

F. A. Vitrand
 (Signature)
 Region Operations Manager - Production
 (Title)
 March 30, 1984
 (Date)

OIL CONSERVATION COMMISSION

APPROVED APR 02 1984, 19____
 BY Original Signed By
Leslie A. Clements
 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 deepene well, this form must be accompanied by a tabulation of the deviatio tests taken on the well in accordance with RULE 111.
 All sections of this form must be filled out completely for allow able 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 conditior.
 Separate Forms C-104 must be filed for each pool in multiten