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TRANSPORTER	OIL
	GAS
OPERATOR	
PRORATION OFFICE	

NEW MEXICO OIL CONSERVATION COMMISSION

REQUEST FOR ALLOWABLE
AND
OFFICE O.C.C.

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

MAR 14 2 06 PM '66

Cities Service Oil Co.

Box 69 - Hobbs, New Mexico 88240

Reason(s) for filing (Check proper box)

New Well	<input type="checkbox"/>
Reworking Location	<input type="checkbox"/>
Change in Ownership	<input type="checkbox"/>

Change in Transporter of:	
Oil	<input type="checkbox"/>
Casinghead Gas	<input type="checkbox"/>

Dry Gas	<input type="checkbox"/>
Condensate	<input type="checkbox"/>

Other (Please explain)

Report Casinghead Gas Transporter

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

County Name	State	AD	Well No.	3	Oil Name, Including Formation	Mescalero San Andres	Kind of Lease	State, Federal or Free	State
Section	1	22	Feet From The	South	Line and	990	Feet From The	East	
Line of Section	22	Township	10S	Range	32E	NMSPM	Lea	County	

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Magnolia Pipeline Company	Address (Give address to which approved copy of this form is to be sent)	Box 900 - Dallas 21, Texas								
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Warren Petroleum Corp.	Address (Give address to which approved copy of this form is to be sent)	Box 1589 - Tulsa 2, Okla.								
Is well produces oil or liquids, give location of tanks.	Unit	I	Sec.	22	Twp.	10S	Range.	32E	Is gas actually connected?	When	3-8-66

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't.	Diff. Res't.
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
Feet	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 (pitot, back pr.)	Tubing Pressure	Casing Pressure	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.

District Clerk

3-11-66

OIL CONSERVATION COMMISSION

APPROVED _____, 19 _____

BY _____

TITLE _____

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 Sections I, II, III, and VI only for changes of owner, well name or number, or transporter, or other such change of condition.

Separate Forms C-104 must be filed for each pool in multiply completed wells.