

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-110
Effective 1-1-65

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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL GAS
OPERATOR	
PRODUCTION OFFICE	

I. **Cities Service Oil Company**
Address: **P.O. Box 69 - Hobbs, New Mexico**
Reasons for filing (Check proper box) Other (Please explain)
Lease Well ☐ Change in Transporter of: ☒ Oil ☐ Dry Gas ☐
Transporter ☒ Casinghead Gas ☐ Condensate ☐

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

State AD	Well No. 3	Pool Name, including Formation Mescalero San Andres	Kind of Lease State, Federal or Fee State
Section 22	Range 330	Feet from The South Line and 990	Feet from The East
Range 22	Township 10S	Range 32E	NMPM, 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"/> Cities Service Oil Co. - Trucks	Address (Give address to which approved copy of this form is to be sent) Vaughn Bldg. - Midland, Texas	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> TSTM	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 I	Sec. 22
	Twp. 10S	Rge. 32E
	Is gas actually connected? No	When -

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 <input checked="" type="checkbox"/> Gas Well	New Well	Workover <input checked="" type="checkbox"/> Deepen	Plug Back <input checked="" type="checkbox"/>	Same Res'v.	Diff. Res'v. <input checked="" type="checkbox"/>
Date Drilled Respu'd 1-4-65	Date Compl. Ready to Prod. 1-12-65	Total Depth 10,162	P.B.T.D. 4660			
Pool Mescalero	Name of Producing Formation San Andres	Top Oil/Gas Pay 4100	Tubing Depth 4133			
Perforations 1-3/8" hole each @ 4100, 4105, 4109, 4119, 4124, 4129 and 4135			Depth Casing Shoe 8330			
TUBING, CASING, AND CEMENTING RECORD						
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT			
17 1/2"	13-3/8"	394	350(circ)			
11 1/2"	8-5/8"	3442	2212			
7 7/8"	5 1/2"	8330	200			

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 Well Test To Tanks 1-12-65	Date of Test 1-12-65	Producing Method (Flow, pump, gas lift, etc.) Swabbing	
Length of Test 12 hrs.	Tubing Pressure -	Casing Pressure -	Choke Size -
Award From Pumping Test	Oil - Bbls. 53	Water - Bbls. 6	Gas - MCF TSTM

GAS WELL

Award From Test - MCF	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

January 14, 1965

OIL CONSERVATION COMMISSION

APPROVED

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.