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

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
110833 OFFICE O.C.C.
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS
MAR 14 2 09 PM '66

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

1. Cities Service Oil Co.	
Box 69 - Hobbs, New Mexico 38240	
Reasons for filing (Check proper box)	Other (Please explain)
New Well <input type="checkbox"/>	Change in Transporter of:
Working Bottom <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
Report Casinghead Gas Transporter	

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE	
State BN	Well No. 2 Well Name, including Formation Mescalero San Andres
Section 14	Feet From The South Line and 660 Feet From The West Line
Range 10S	County Lea

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS	
Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Magnolia Pipeline Co.	Box 900 - Dallas 21, Texas
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Warren Petroleum Corp.	Box 1589 - Tulsa 2, Oklahoma
If well produces oil or liquids, give location of tanks.	Unit K Sec. 14 Twp. 10S Rge. 32E Is gas actually connected? yes 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 <input type="checkbox"/> Gas Well <input type="checkbox"/> New Well <input type="checkbox"/> Workover <input type="checkbox"/> Deepen <input type="checkbox"/> Plug Back <input type="checkbox"/> Same Res'v. <input type="checkbox"/> Diff. Res'v. <input type="checkbox"/>
Date Spudded	Date Compl. Ready to Prod.
Pool	Name of Producing Formation
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 Ran To Tanks	Date of Test
Length of Test	Producing Method (Flow, pump, gas lift, etc.)
Actual Prod. During Test	Tubing Pressure
	Casing Pressure
	Choke Size
	Oil-Bbls.
	Water-Bbls.
	Gas-MMCF

GAS WELL	
Actual Prod. Test-MMCF/D	Length of Test
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.	
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.	
District Clerk _____ (Signature)	
3-11-66 (Date)	