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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
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-110  
Effective 1-1-66

640 111 86

1. <b>Cities Service Oil Company</b>	
Box 69 - Hobbs, New Mexico	
Reason(s) for filing (Check proper box)	
Change of ownership <input type="checkbox"/>	Change in Transporter of:
Change in location <input type="checkbox"/>	Oil <input checked="" type="checkbox"/>
Change in ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/>
	Dry Gas <input type="checkbox"/>
	Condensate <input type="checkbox"/>

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE	
Lease State <b>State BN</b>	Well No. <b>2</b>
Pool Name, including Formation <b>Mescalero San Andres</b>	
Kind of Lease <b>State, Federal or Fee State</b>	
Location	
Section <b>660</b>	Feet from The <b>South</b> Line and <b>660</b> Feet from The <b>West</b>
Line of Section <b>14</b>	Township <b>10S</b> Range <b>32E</b> N.M.P.M. <b>Lea</b> County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS	
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)
<b>Magnolia Pipeline Company</b>	<b>Box 900 - Dallas 21, Texas</b>
Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
<b>Noen</b>	<b>-</b>
Is well producing oil or liquids, how many barrels of liquids?	Unit <b>K</b> Sec. <b>14</b> Twp. <b>10S</b> Rge. <b>32E</b> Leases actually connected? <b>No</b> When <b>-</b>

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't. <input type="checkbox"/> Diff. Res't. <input type="checkbox"/>
Date Spudded	Date Compl. Ready to Prod.
Total Depth	P.B.T.D.
Name of Producing Formation	Top Oil/Gas Pay
Tubing Depth	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)	
Well No. New Oil Pump No 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-MMCF

GAS WELL	
Actual Prod. Test-MMCF/D	Length of Test
Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure
Casing Pressure	Choke Size

VI. CERTIFICATE OF COMPLIANCE	
OIL CONSERVATION COMMISSION	
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)	
December 30, 1965	
(Title)	
(Date)	