

DISTRIBUTION	
ANTAFE	
FILE	
S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL GAS
OPERATOR	
PRODUCTION 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
Effective 1-1-65

I. Operator
Cities Service Company
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 ☐
Other (Please explain)
change of operator's name is effective July 1, 1977.
If change of ownership give name and address of previous owner
Cities Service Oil Company - P.O. Box 1919 - Midland, Texas 79702

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>State AD</u>	Well No. <u>10</u>	Pool Name, including Formation <u>Mescalero San Andres</u>	Kind of Lease State, Federal or Fee <u>State</u>	Lease No. <u>9413</u>
Location Unit Letter <u>B</u> : <u>660</u> Feet From The <u>North</u> Line and <u>2310</u> Feet From The <u>East</u> Line of Section <u>23</u> Township <u>10S</u> Range <u>32E</u> , NMPM, <u>LEA</u> 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"/> <u>Mobil Pipe Line Company</u>	Address (Give address to which approved copy of this form is to be sent) <u>Box 1673 - Midland, Texas 79701</u>	
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> <u>Warren Petroleum Corporation</u>	Address (Give address to which approved copy of this form is to be sent) <u>Box 67 - Monument, New Mexico 88265</u>	
If well produces oil or liquids, give location of tanks. Unit <u>E</u> Sec. <u>22</u> Twp. <u>10S</u> Rng. <u>32E</u>	Is gas actually connected? <u>yes</u>	When <u>-</u>

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.		
Elevations (DF, RKB, RT, GR, 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 (pitot, 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.

E. P. Mulder
(Signature)
Region Operations Manager
(Title)
6/10/77
(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19____
Signed by
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 only Sections I, II, III, and VI 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 multiple.

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
OPERATOR	

NEW MEXICO OIL CONSERVATION COMMISSION

JUN 17 9 40 AM '69

Form C-103
Supersedes Old
C-102 and C-103
Effective 1-1-65

5a. Indicate Type of Lease State <input checked="" type="checkbox"/> Fee <input type="checkbox"/>
5. State Oil & Gas Lease No. E-9943

SUNDRY NOTICES AND REPORTS ON WELLS
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR.
USE "APPLICATION FOR PERMIT -" (FORM C-101) FOR SUCH PROPOSALS.)

1. <input checked="" type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER	7. Unit Agreement Name
2. Name of Operator Cities Service Oil Company	8. Farm or Lease Name State AD
3. Address of Operator P. O. Box 69 - Hobbs, N. M. 88240	9. Well No. 10
4. Location of Well UNIT LETTER B , 660 FEET FROM THE North LINE AND 2310 FEET FROM THE East LINE, SECTION 23 TOWNSHIP 10S RANGE 32E NMPM.	10. Field and Pool, or Wildcat Mescalero San Andres
15. Elevation (Show whether DF, RT, GR, etc.) 4327 DF	12. County Lea

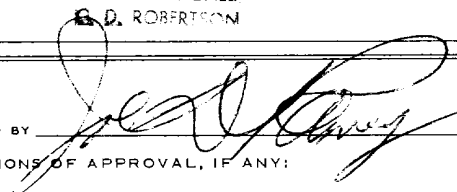
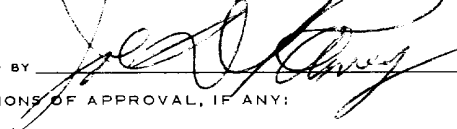
16. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data	
NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK <input type="checkbox"/>	REMEDIAL WORK <input checked="" type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input type="checkbox"/>
OTHER <input type="checkbox"/>	OTHER <input type="checkbox"/>
PLUG AND ABANDON <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
CHANGE PLANS <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>

17. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

The following remedial work was performed on the above well. Pull rods and tubing - Set BOP and one set of blind rams. Perforated 18 holes with one hole per foot @ following depths: 4146, 4147, 4149, 4150, 4151, 4152, 4153, 4155, 4156, 4159, 4160, 4178, 4179, 4181, 4182, 4183, 4184, and 4186. Ran tubing and packer. Set packer @ 4058'. Started swabbing. Swabbed well dry. Acidized with 3000 gal. 15% Clean Flow acid in two stages using 300 lbs. rock salt for blocking agent. First stage: 1000 gal. @ zero pressure. Second stage: 2000 gal., max. press. 1000 psi, min. 0, AIR 6½ B/M, ISIP 0, 10 min. SIP strong vacuum. Started swabbing load. Swabbed dry. Ran rods and pump - started well pumping. Recovered all load. Repotentialled well at: 39 oil, 18 water, 24 hrs. gas 36.99 MCFD, GOR 923, gravity of oil 16.0 API @ 60°.

Production prior to remedial work was 15 oil, 6 water 24 hours.

18. I hereby certify that the information above is true and complete to the best of my knowledge and belief.

ORIGINAL SIGNED G. D. ROBERTSON	TITLE District Admin. Manager	DATE June 16, 1969
SIGNED 		
APPROVED BY 	TITLE	DATE
CONDITIONS OF APPROVAL, IF ANY:		