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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 1-1-65

JUL 28 3 23 PM '65

I. **Operator**  
**Cities Service Oil Company**

**Address**  
**P. O. Box 69, Hobbs, New Mexico**

Reason(s) for filing (Check proper box) Other (Please explain)

New Well	<input checked="" type="checkbox"/>	Change in Transporter of:	
Recompletion	<input type="checkbox"/>	Oil	<input 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 Name	Well No.	Pool Name, Including Formation	Kind of Lease
<b>State AD</b>	<b>10</b>	<b>Undesignated (San Andres)</b>	State, Federal or Fee <b>State</b>

Location

Unit Letter **B** ; **660** Feet From The **North** Line and **2310** Feet From The **East**

Line or Section **23** , 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"/>	Address (Give address to which approved copy of this form is to be sent)
<b>Cities Service Oil Co. - Trucks</b>	<b>Vaughn Bldg., Midland, Texas</b>
Name of Authorized 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>--</b>	<b>--</b>

If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	<b>B</b>	<b>23</b>	<b>10S</b>	<b>32E</b>	<b>No</b>	<b>Vented &amp; used</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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>	

Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
<b>7-2-65</b>	<b>7-26-65</b>	<b>4350</b>	<b>4260</b>

Pool	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
<b>Undesignated</b>	<b>San Andres</b>	<b>4130</b>	<b>4104</b>

Perforations **1-3/8" hole each @ 4130, 4133, 4136, 4197, 4199, 4212, 4215 4218, 4288 & 4291**

Depth Casing Shoe **4348**

**TUBING, CASING, AND CEMENTING RECORD**

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
<b>11 1/4"</b>	<b>7 5/8"</b>	<b>1694</b>	<b>600 sacks</b>
<b>7 7/8"</b>	<b>4 1/2"</b>	<b>4348</b>	<b>250 sacks</b>

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.)	
<b>7-16-65</b>	<b>7-26-65</b>	<b>Pumping</b>	

Length of Test	Tubing Pressure	Casing Pressure	Choke Size
<b>16 hrs</b>	<b>--</b>	<b>--</b>	<b>--</b>

Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF
	<b>60</b>	<b>5.75</b>	<b>17.23</b>

**GAS WELL**

Actual Prod. Test-MCF/D	Length of Test	Ebbs. 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.

**El Pindler**  
(Signature)  
**District Superintendent**  
(Title)  
**July 27, 1965**  
(Date)

**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.