

DISTRIBUTION	
SANTA FE	
FILE	
U.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-101 and C-11  
 Effective 1-1-83

Operator Cities Service Oil & Gas Corporation  
 Address P.O. Box 1919 - Midland, Texas 79702  
 Reason(s) for filing (Check proper box):  
 New Well  Change in Transporter of: Oil  Dry Gas   
 Recompletion  Oil  Castinghead Gas  Condensate   
 Change in Ownership  Other (Please explain) Change of Operator's Name is effective April 1, 1983.

If change of ownership give name and address of previous owner Cities Service Company - P.O. Box 1919 - Midland, Texas 79702

DESCRIPTION OF WELL AND LEASE  
 Lease Name STATE AD Well No. 11 Pool Name, including Formation MESQUITE PLANO PENN Kind of Lease STATE Lease No. 9943  
 Location Unit Letter 0 ; 800 Feet From The SOUTH Line and 1980 Feet From The EAST  
 Line of Section 22 Township 10S Range 32E , NMPM, LEA County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS  
 Name of Authorized Transporter of Oil  or Condensate  MOBIL PIPELINE Co Address (Give address to which approved copy of this form is to be sent) Box 900 - DALLAS, TX 75221  
 Name of Authorized Transporter of Castinghead Gas  or Dry Gas  WATSON PETROLEUM Co Address (Give address to which approved copy of this form is to be sent) Box 1197 - FULFORD, TX 788231  
 If well produces oil or liquids, give location of tanks. Unit I Sec. 22 Twp. 10S Rge. 32E Is gas actually connected? YES When —

If this production is commingled with that from any other lease or pool, give commingling order number: \_\_\_\_\_

COMPLETION DATA  
 Designate Type of Completion - (X) Oil Well Gas Well New Well Workover Deepen Plug Back Sure Rest'n. Part. Rest'n.  
 Date Spudded \_\_\_\_\_ Date Compl. ready to Prod. \_\_\_\_\_ Total Depth \_\_\_\_\_ P.B.T.D. \_\_\_\_\_  
 Elevations (DF, RKB, RT, CR, etc.) \_\_\_\_\_ Name of Producing Formation \_\_\_\_\_ Top Oil/Gas Pay \_\_\_\_\_ Tubing Depth \_\_\_\_\_  
 Perforations \_\_\_\_\_ Depth Casing Shoe \_\_\_\_\_

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

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/MCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size

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.

Elmer Stutz  
 (Signature)  
Region Operations Manager  
 (Title)  
March 14, 1983  
 (Date)

OIL CONSERVATION COMMISSION

APPROVED APR 8 1983, 19\_\_\_\_

BY ORIGINAL SIGNED BY JERRY SEXTON  
 DISTRICT I SUPERVISOR

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 reworked wells.  
 Fill out only Sections I, II, III, and VI for change of owner, well name or number, or transporter, or other such change of condition.

**RECEIVED**

**MAR 28 1983**

**G.C.D.  
HOBBS OFFICE**