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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

I.

Operator Citico Service Oil Company	
Address P.O. Box 69 - Hobbs, New Mexico	
Reason(s) for filing (Check proper box)	
New Well <input checked="" type="checkbox"/>	Change in Transporter of:
Recompleting <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"/>

If change of ownership give name and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name Government J	Well No. 2	Pool Name, Including Formation Midland San Andres	Kind of Lease State, Federal or Fee Federal
Location Unit Letter K ; 1900 Feet From The South Line and 1900 Feet From The West Line of Section 5 , Township 6N Range 35E , NMPM, Deer Creek 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"/> Puritan Corp.	Address (Give address to which approved copy of this form is to be sent) Box 3119 - Midland, Texas		
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Hearshberg & Ingram	Address (Give address to which approved copy of this form is to be sent) 100 S. Kentucky - Roswell, New Mexico		
If well produces oil or liquids, give location of tanks.	Unit N	Sec. 5	Twp. 6N
	Rge. 35E	Is gas actually connected? No	When (Venturi)

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 checked="" type="checkbox"/>	Gas Well	New Well <input checked="" type="checkbox"/>	Workover	Deepen.	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded 12-30-64	Date Compl. Ready to Prod. 1-9-65	Total Depth 4400	P.B.T.D. 4442					
Pool Midland S.A.	Name of Producing Formation San Andres	Top Oil/Gas Pay 4573	Tubing Depth 4547					
Perforations 1-3/8" each @ 4573, 4576, 4581, 4584, 4591, 4594 & 4596			Depth Casing Shoe 4677					
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE 11 1/2"	CASING & TUBING SIZE 8 5/8"	DEPTH SET 434	SACKS CEMENT 200 (Circ.)					
7 7/8"	4"	4677	200					

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 1-9-65	Date of Test 1-9-65	Producing Method (Flow, pump, gas lift, etc.) Flowing	
Length of Test 24 hrs.	Tubing Pressure 9706	Casing Pressure -	Choke Size 1 1/4"
Actual Prod. During Test	Oil-Bbls. 102	Water-Bbls. -0-	Gas-MCF 603.5

GAS WELL

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

I. 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.

C. Robertson
(Signature)
District Clerk
(Title)
January 11, 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.