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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
R. R. Morrison

Address
c/o John L. Cox, 408 West Wall, Midland, Texas 79701

Reason(s) for filing (Check proper box)

New Well	☐	Change in Transporter of:	
Recompletion	☐	Oil	☒ *
Change in Ownership	☐	Casinghead Gas	☐
		Dry Gas	☐
		Condensate	☐

Other (Please explain)
* - Filed to cover approximately 1200 BO trucked by The Permian Corporation.

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name Cities Federal	Well No. 1	Pool Name, Including Formation Vada Penn	Kind of Lease State, Federal or Fee Fed.	NM- Lease No. 0328425-A
Location Unit Letter J ; 1980 Feet From The South Line and 1980 Feet From The East Line of Section 29 Township 8S Range 36E , NMPM, Roosevelt County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐ The Permian Corporation (Trks.)	Address (Give address to which approved copy of this form is to be sent) P. O. Box 3119, Midland, Texas			
Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐ Cities Service Oil Co.	Address (Give address to which approved copy of this form is to be sent) P. O. Box 300, Tulsa, Oklahoma			
If well produces oil or liquids, give location of tanks.	Unit J	Sec. 29	Twp. 8S	Rge. 36E
	Is gas actually connected?		When	
	no			

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.
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)

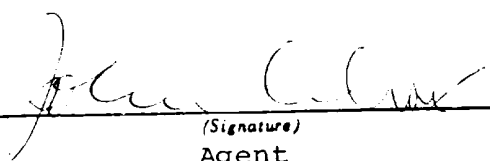
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

GAS WELL

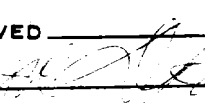
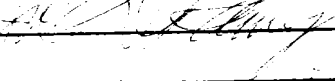
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure (Shot-in)	Casing Pressure (Shot-in)	Choke Size

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.


(Signature)
Agent
(Title)
Jan. 19, 1970
(Date)

OIL CONSERVATION COMMISSION

APPROVED  JAN 22 1970, 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 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 multiply completed wells.

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN DUPLICATE

(See other in-
structions on
reverse side)Form approved,
Budget Bureau No. 42-3255.5.

WELL COMPLETION OR RECOMPLETION REPORT AND LOG *

1a. TYPE OF WELL: OIL WELL ☒ GAS WELL ☐ DRY ☐ Other _____				5. LEASE DESIGNATION AND SERIAL NO. NM-0328425-A	
b. TYPE OF COMPLETION: NEW WELL ☒ WORK OVER ☐ DEEP-EN ☐ PLUG BACK ☐ DIFF. RESVR. ☐ Other _____				6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
2. NAME OF OPERATOR R. R. Morrison				7. UNIT AGREEMENT NAME	
3. ADDRESS OF OPERATOR c/o John L. Cox, 408 West Wall, Midland, Texas				8. FARM OR LEASE NAME Cities Federal	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)* At surface 1980' FS&EL At top prod. interval reported below At total depth				9. WELL NO. 1	
14. PERMIT NO. U. DATE ISSUED				10. FIELD AND POOL, OR WILDCAT Und. Vada Penn	
15. DATE SPUDDED 11-15-69 16. DATE T.D. REACHED 12-14-69 17. DATE COMPL. (Ready to prod.) 1-5-70				11. SEC., T. R., M., OR BLOCK AND SURVEY OR AREA 29, 88, 36E	
18. ELEVATIONS (DF, RKB, BT, GR, ETC.)* 4118' GR				12. COUNTY OR PARISH Roosevelt	
19. ELEV. CASINGHEAD				13. STATE N.M.	
20. TOTAL DEPTH, MD & TVD 9850'		21. PLUG, BACK T.D., MD & TVD ---		22. IF MULTIPLE COMPL., HOW MANY*	
23. INTERVALS DRILLED BY p-9850'		24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)* 9771-83' Penn		25. WAS DIRECTIONAL SURVEY MADE no	
26. TYPE ELECTRIC AND OTHER LOGS RUN Gamma Ray-Neutron				27. WAS WELL CORED no	
28. CASING RECORD (Report all strings set in well)					
CASING SIZE	WEIGHT, LB./FT.	DEPTH SET (MD)	HOLE SIZE	CEMENTING RECORD	AMOUNT PULLED
12-3/4"	34#	419'	17-1/2"	375 SX.	-
8-5/8"	24# & 32#	4000'	11"	400 SX.	-
4-1/2"	11.6#	9850'	7-7/8"	450 SX.	-
29. LINER RECORD					
SIZE	TOP (MD)	BOTTOM (MD)	SACKS CEMENT*	SCREEN (MD)	
30. TUBING RECORD					
SIZE	DEPTH SET (MD)	PACKER SET (MD)			
2"	9509	9500			
31. PERFORATION RECORD (Interval, size and number) 9771-83' w/4					
32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.					
DEPTH INTERVAL (MD)			AMOUNT AND KIND OF MATERIAL USED		
9771-83'			2000 gal. 15% acid		
33.* PRODUCTION					
DATE FIRST PRODUCTION 1-5-70		PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump) Pump			WELL STATUS (Producing or shut-in) Prod.
DATE OF TEST 1-4-70	HOURS TESTED 24	CHOKE SIZE ---	PROD'N. FOR TEST PERIOD ---	OIL—BBL. 345	GAS—MCF. 388
FLOW. TUBING PRESS. ---		CASING PRESSURE ---	CALCULATED 24-HOUR RATE ---	WATER—BBL. 450	GAS-OIL RATIO 1125:1
				OIL GRAVITY-API (CORR.) 40°	
34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.) Vented					
35. LIST OF ATTACHMENTS 2 copies of log					
36. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records					
SIGNED John L. Cox		TITLE Agent		DATE 1-6-70	

*(See Instructions and Spaces for Additional Data on Reverse Side)

INSTRUCTIONS

General: This form is designed for submitting a complete and correct well completion report and log on all types of lands and leases to either a Federal agency or a State agency, or both, pursuant to applicable Federal and/or State laws and regulations. Any necessary special instructions concerning the use of this form and the number of copies to be submitted, particularly with regard to local, area, or regional procedures and practices, either are shown below or will be issued by, or may be obtained from, the local Federal and/or State office. See instructions on items 22 and 24, and 38, below regarding separate reports for separate completions.

If not filed prior to the time this summary record is submitted, copies of all currently available logs (drillers, geologists, sample and core analysis, all types electric, etc.), formation and pressure tests, and directional surveys, should be attached hereto, to the extent required by applicable Federal and/or State laws and regulations. All attachments should be listed on this form, see item 36.

Item 4: If there are no applicable State requirements, locations on Federal or Indian land should be described in accordance with Federal requirements. Consult local State or Federal office for specific instructions.

Item 18: Indicate which elevation is used as reference (where not otherwise shown) for depth measurements given in other spaces on this form and in any attachments. **Items 22 and 24:** If this well is completed for separate production from more than one interval zone (multiple completion), so state in item 22, and in item 24 show the producing interval, or intervals, top(s), bottom(s) and name(s) (if any) for only the interval reported in item 33. Submit a separate report (page) on this form, adequately identified, for each additional interval to be separately produced, showing the additional data pertinent to such interval.

Item 29: "Sacks Cement": Attached supplemental records for this well should show the details of any multiple stage cementing and the location of the cementing tool. **Item 33:** Submit a separate completion report on this form for each interval to be separately produced. (See instruction for items 22 and 24 above.)

37. SUMMARY OF POROUS ZONES:

SHOW ALL IMPORTANT ZONES OF POROSITY AND CONTENTS THEREOF: CORED INTERVALS; AND ALL DRILL-STEM TESTS, INCLUDING DEPTH INTERVAL TESTED, CUSHION USED, TIME TOOL OPEN, FLOWING AND SHUT-IN PRESSURES, AND RECOVERIES

FORMATION	TOP	BOTTOM	DESCRIPTION, CONTENTS, ETC.	38. GEOLOGIC MARKERS		
				NAME	MEAS. DEPTH	TRUE VERT. DEPTH
Surface Sand	0	125		Abco Bough "C"	7850	
Red Beds	125	1875			9760	
Red Beds & Anhy.	1875	2360				
Anhy. & Salt	2360	3350				
Anhy. & Lime	3350	4200				
Lime & Shale	4200	6500				
Lime, Sand & Shale	6500	7410				
Lime & Shale	7410	9645				
Lime	9645	9850				