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LAND OFFICE	
TRANSPORTER	OIL GAS
OPERATOR	
PRORATION OFFICE	

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND HOBBS OFFICE O. C. C.
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS
FEB 24 3 11 PM '65

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

I. Operator
Citizen Service Oil Company

Address
P.O. Box 67 - Hobbs, New Mexico

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

New Well	<input type="checkbox"/>	Change in Transporter of:	
Recompletion	<input checked="" 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

Well Name	Well No.	Pool Name, Including Formation	Kind of Lease
Taylor B	2	Undesignated (Welfcamp)	State, Federal or Free
Location			Fee
Unit Letter	I	1900 Feet From The South Line and 660 Feet From The East	
Section	7	Township 12N Range 30E NMPM, 100 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)
Magnolia Pipeline Company	Box 900 Dallas St., Tampa
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
 Sinclair Oil & Gas Company	Box 1470 Midland, Texas
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When
	I 7 12N 30E 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.
X				X		X		X
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
1-13-65	2-22-65	12000	10056					
Pool	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
Undesignated	Welfcamp	9479	8122					
Perforations			Depth Casing Shoe					
12N/9479-85, 8N/9504-08, 10N/9547-52, 12N/9561-66, 8N/9574-78 14N/9703-90			12007					
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
17 1/2"	13 3/8"	340	325 sacks (alron)					
12 1/2"	8 5/8"	4485	1342 sacks					
7 7/8"	5 1/2"	12027	605 sacks					

V. TEST DATA AND REQUEST FOR ALLOWABLE (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)

OIL WELL

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)
1-16-65	2-22-65	Pumping
Length of Test	Tubing Pressure	Casing Pressure
24 hrs.	-	-
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.
91 bbls.	87	4
		Gas-MCF
		67.23

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

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.

Richard Clark
(Signature)
Richard Clark
(Title)
Feb. 23, 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.