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TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OFFICE		

NEW MEXICO OIL CONSERVATION COMMISS.
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

SEP 17 1 15 PM '68

I. Operator
Citlas Service Oil Company

Address
P. O. Box 69 - Hobbs, New Mexico 88240

Reason(s) for filing (Check proper box)

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"/>

Other (Please explain)
1-1-65

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name State AE	Well No. 2-Y	Pool Name, Including Formation Lovington Abo	Kind of Lease State, Federal or Fee State	Lease No. E-7766
Location Unit Letter L ; 1420 Feet From The South Line and 990 Feet From The West Line of Section 36 Township 16S Range 36E , 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"/> Texas-New Mexico Pipeline Company	Address (Give address to which approved copy of this form is to be sent) Box 1510 - Midland, Texas 79701	
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Skelly Oil Company	Address (Give address to which approved copy of this form is to be sent) Box 1650 - Tulsa, Oklahoma 74102	
If well produces oil or liquids, give location of tanks.	Unit L	Sec. 36
	Twp. 16S	Rge. 36E
	Is gas actually connected? Yes	When September 2, 1968

If this production is commingled with that from any other lease or pool, give commingling order number: **None**

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 7-23-68	Date Compl. Ready to Prod. 9-2-68		Total Depth 8510		P.B.T.D. 8460			
Elevations (DF, RKB, RT, GR, etc.) 3837 GR	Name of Producing Formation Abo		Top Oil/Gas Pay 8343-8436		Tubing Depth 8200'			
Perforations 8343, 8346, 8357, 8358, 8372, 8378, 8394, 8402, 8412, 8419, 8420, 8426, 8436					Depth Casing Shoe			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17 1/2"	13 3/8"		303		350 sk. circ.			
12 1/2"	8 5/8"		3328'		1800 sk. circ.			
7 7/8"	5 1/2"		8510'		1300 sk.			
	2 7/8"		8280'		-			

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 9-3-68	Date of Test 9-4-68	Producing Method (Flow, pump, gas lift, etc.) Flow	
Length of Test 24 hours	Tubing Pressure 90 psig	Casing Pressure 0	Choke Size 24/64
Actual Prod. During Test 324	Oil-Bbls. 300	Water-Bbls. 24	Gas-MCF 93.3 MCF

GAS WELL

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

District Clerk
September 17, 1968

OIL CONSERVATION COMMISSION

APPROVED _____, 19____

BY **John W. Runyan**

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.