

**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

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EL PASO	
EL PASO OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	

**Cities Service Oil Company**

**Box 69 - Hobbs, New Mexico 88240**

Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	Other (Please explain) <b>Change well name from Wyatt A #2 to Wyatt "A"-Federal #2.</b>
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Percentage of ownership give name and address of previous owner: **WYATT O. WYATT - HOBBBS, NM**

**II. DESCRIPTION OF WELL AND LEASE**

Well No. <b>2</b>	Pool Name, Including Formation <b>Corbin Queen - Queen</b>	Kind of Lease <b>Federal</b>	Lease No. <b>LC-062391</b>
Section <b>M</b> <b>990</b> Feet From The <b>South</b> Line and <b>330</b> Feet From The <b>West</b>		Township <b>34</b> Range <b>17S</b> , NMPM, <b>Lea</b> County	

**III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS**

Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> <b>Texas-New Mexico Pipeline Company</b>	Address (Give address to which approved copy of this form is to be sent) <b>Box 1510 - Midland, Texas</b>
Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> <b>Phillips Petroleum Co.</b>	Address (Give address to which approved copy of this form is to be sent) <b>Box 6666 - Odessa, Texas</b>
Unit <b>P</b> Sec. <b>33</b> Twp. <b>17S</b> Rge. <b>33E</b>	Is gas actually connected? <b>Yes</b> When <b>2-59</b>
Production is commingled with that from any other lease or pool, give commingling order number: <b>R-1279</b>	

**IV. COMPLETION DATA**

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
<input checked="" type="checkbox"/>								
Date Compl. Ready to Prod.	Total Depth		P.B.T.D.					
Name of Producing Formation	Top Oil/Gas Pay		Tubing Depth			Depth Casing Shoe		

**TUBING, CASING, AND CEMENTING RECORD**

HOLES SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

**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)

Producing Method (Flow, pump, gas lift, etc.)	Date of Test	Oil - Bbls.	Water - Bbls.
Choke Size	Tubing Pressure	Casing Pressure	Gas - MCF

**GAS WELL**

Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
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 Admin. Supervisor**

**May 20, 1970**

OIL CONSERVATION COMMISSION  
**MAY 25 1970**  
APPROVED \_\_\_\_\_, 19\_\_\_\_  
BY *[Signature]*  
TITLE **SUPERVISOR**

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.

APR 28 1970

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MAY 22 1970

OIL CONSERVATION COMM.  
HOBBS, N. M.