

DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL GAS
OPERATOR	
PROBATION OFFICE	

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-101 and C-11
Effective 1-1-65

Operator Cities Service Oil & Gas Corporation
Address P.O. Box 1919 - Midland, Texas 79702
Reason(s) for filing (Check proper box) ☐ New Well ☐ Change In Transporter of: ☐ Oil ☐ Dry Gas ☐ Other (Please explain) Change of Operator's Name
☐ Recompletion ☐ Casinghead Gas ☐ Condensate ☒ Change In Ownership is effective April 1, 1983.
If change of ownership give name and address of previous owner Cities Service Company - P.O. Box 1919 - Midland, Texas 79702

DESCRIPTION OF WELL AND LEASE
Lease Name Unit, Tract #4 Well No. 29 Pool Name, including Formation Midland Grayburg-San Andres Kind of Lease B Lease No. 2229
Location Midland Grayburg-San Andres
Unit Letter E : 1986 Feet From The North Line and 660 Feet From The West
Line of Section 29 Township 17S Range 33E , NMPM, 40 County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS This is a water injection well.
Name of Authorized Transporter of Oil ☐ or Condensate ☐ Address (Give address to which approved copy of this form is to be sent)
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☐ Address (Give address to which approved copy of this form is to be sent)
If well produces oil or liquids, give location of tanks. Unit Sec. Twp. Pge. Is gas actually connected? When

If this production is commingled with that from any other lease or pool, give commingling order number:
COMPLETION DATA
Designate Type of Completion - (X) ☐ Oil Well ☐ Gas Well ☒ New Well ☐ Workover ☐ Deepen ☐ Plug back ☐ Some tests, Full. Restv.
Date Spudded Date Compl. Ready to Prod. Total Depth P.D.T.D.
Elevations (DT, RAB, RT, CR, 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

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 (flow, back pr.) Tubing Pressure (Shut-in) Casing Pressure (Shut-in) Choke Size

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.
Elmer Stutz
(Signature)
Region Operations Manager
(Title)
March 14, 1983
(Date)

OIL CONSERVATION COMMISSION
APPROVED APR 8 1983, 19
BY ORIGINAL SIGNED BY JOHN SEXTON
DISTRICT 1 SUPERVISOR
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 aeration 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 deepened 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.

RECEIVED
MAR 28 1983
O.C.D.
WORKS OFFICE