

DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL GAS
OPERATOR	
PRODUCTION 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-111
Effective 1-1-65

Operator <u>Cities Service Oil & Gas Corporation</u>	
Address <u>P.O. Box 1919 - Midland, Texas 79702</u>	
Reason(s) for filing (Check proper box)	
New Well ☐	Change In Transporter of: Oil ☐ Dry Gas ☐ Casinghead Gas ☐ Condensate ☐
Recompletion ☐	Other (Please explain) <u>Change of Operator's Name</u> <u>is effective April 1, 1983.</u>
Change In Ownership ☒	

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 <u>Unit 7, Tract #4 SE Malamar Grayburg-San Andres</u>	Well No. <u>3</u>
Pool Name, including Formation <u>Malamar Grayburg-San Andres</u>	Kind of Lease <u>State, Federal or Fed.</u>
Location Unit Letter <u>F</u> : <u>1980</u> Feet From The <u>North</u> Line and <u>1980</u> Feet From The <u>West</u> Line of Section <u>29</u> Township <u>17S</u> Range <u>33E</u> , NMPM, <u>LP2</u> County	Lease No. <u>STAT. B-2229</u>

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS <u>THIS IS A WATER INJECTION WELL.</u>	
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 Soc. Twp. Rge. 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 Same Resrv. Diff. Resrv.
Date Spudded	Date Compl. ready to Prod. Total Depth P.D.T.D.
Elevations (D.F., R.A.D., R.T., C.R., 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 (Test must be after recovery of total volume of lost oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)			
Date First New Oil Ran 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/MCF	Gravity of Condensate
Testing Method (flow, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size

CERTIFICATE OF COMPLIANCE	OIL CONSERVATION COMMISSION
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.	APPROVED <u>APR 8 1983</u> , 19
<u>Elmer Stutz</u> (Signature) <u>Region Operations Manager</u> (Title) <u>March 14, 1983</u> (Date)	BY <u>ORIGINAL SIGNED BY JERRY SEXTON</u> DISTRICT I 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 variation tests taken on the well in accordance with RULE 111.
	All portions of this form must be filled out completely for allowables to be new and complete.
	Fill out only Sections I, II, III, and VI for change of owner, well name or number, or transporter, or other such change of conditions.