

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

NEW MEXICO OIL CONSERVATION COM. ON
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)	Other (Please explain)
New Well ☐	<u>Change of Operator's Name</u> <u>is effective April 1, 1983.</u>
Recompletion ☐	
Change in Ownership ☒	
Change In Ownership ☒	Change In Transporter of: Oil ☐ Dry Gas ☐ Casinghead Gas ☐ Condensate ☐
If change of ownership give name and address of previous owner <u>Cities Service Company - P.O. Box 1919 - Midland, Texas 79702</u>	

DESCRIPTION OF WELL AND LEASE			
Lease Name <u>Unit, Tract #4</u>	Well No. <u>5</u>	Pool Name, including Formation <u>Mojave Grayburg-San Andres</u>	Kind of Lease State, <u>Federal or Free</u>
Location <u>SE 1/4, T1N17S, R17E, S1E4</u>			Lease No. <u>B-2229</u>
Unit Letter <u>C</u>	<u>660</u>	Feet From The <u>North</u> Line and <u>1950</u>	Feet From The <u>West</u>
Line of Section <u>29</u>	Township <u>17S</u>	Range <u>33E</u>	NMPM, <u>LR</u> County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS			
Name of Authorized Transporter of Oil ☒ or Condensate ☐	Address (Give address to which approved copy of this form is to be sent)		
<u>TEXAS-NEW MEXICO Pipeline Co.</u>	<u>Box 2525 - Hobbs, New Mexico 88240</u>		
Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐	Address (Give address to which approved copy of this form is to be sent)		
<u>Phillips Petroleum Co.</u>	<u>Box 2130 - Hobbs, New Mexico 88240</u>		
If well produces oil or liquids, give location of tanks.	Unit <u>L</u>	Sec. <u>29</u>	Trp. <u>17S</u>
		Pos. <u>33E</u>	Is gas actually connected? <u>YES</u> When <u>-</u>

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	☐ Sure test	☐ Full. Rest.
Date Spudded	Date Compl. ready to Prod.	Total Depth		P.D.T.D.			
Elevations (OP, KAD, RT, CR, etc.)	Name of Producing Formation	Top Oil/Gas Pay		Testing 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 land 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		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> TITLE <u>DISTRICT I SUPERVISOR</u>	
		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 portions of this form must be filled out completely for allowable or new well re-completion 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.	