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	SANTA FE FILE U.S.G.S.		NEW MEXICO OIL				
			REQUEST I				
			AUTHORIZATION TO TR				<i>بر</i> ۱ ۸ ۸ ۱ ۲
	LAND OFFICE		- 70	HONE	VIION I	OTRAN	
	TRANSPORTER	AS .					
	OPERATOR						
I.	PRORATION OFFIC	E	- :				
	Address	es Servi 69 - Hobl					
	Reason(s) for filing (Ch	eck proper box	OP MEN	Mexico	·		_
	New Well	]		ge in Trans	norter of:		
	Recompletion	<u></u>	Oil	g		Dry Gas	
	Change in Ownership	ĺ	Casi	nghead Gas	Ħ	Condenso	
II.	DESCRIPTION OF V				Well No.	Pool Name	_
	Location COCK	ourn "B"	State		4	E-K	_
	Unit Letter B	, 660	Feet	From The	Nor	<b>th</b> Line o	11
	Line of Section	, To	wnship	18-5	Rai	nge	Ì,
III.	DESIGNATION OF T	RANSPOR	TER OF (	DIL AND	NATUR	AL GAS	
	Name of Authorized Tra	nsporter of Oil		or Condens	ate	Ą	LC
	Name of Authorized Tran	ips Petr			Dry Gas	A	
	If well produces oil or li give location of tanks.		Unit	Sec.	. qw <sup>2</sup> .	33E	3
IV.	If this production is co COMPLETION DATA	mmingled wi		n any othe			,
	Designate Type of			Oil Well	,	Well N	E
	Date Spudded		Date Com	ol. Ready to	Frod.	Т	'c

July 1, 1965

(Date)

## NSERVATION COMMISSION OR ALLOWARIE

Form C-104 Supersedes Old C-104 and C-110

FILE AND Effective 1-1-65									
U.S.G.S.	AUTHORIZATION TO TR	ANSPORT OIL AND NATUR	AL.GAS						
AND  U.S.G.S.  LAND OFFICE  TRANSPORTER  OIL  TRANSPORTER  OIL  AND  AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS  TRANSPORTER  OIL  TRANSPORTER  OIL									
TRANSPORTER GAS			oo mi oj						
OPERATOR PRORATION OFFICE	<del></del>								
Operator									
Address	Cities Service Oil Co.								
Box 69 - Ho	bbs, New Mexico								
Reason(s) for filing (Check proper	box)	Other (Please explain	)						
New Well Recompletion	Change in Transporter of: Oil Dry 6								
Change in Ownership		ensate							
If change of ownership give name and address of previous owner	Carper Drilling Co.	, Inc., Artesia, New	Marica						
DESCRIPTION OF WELL AN	D LEASE		TEAT LO						
Lease Name	:	ame, Including Formation	Kind of Lease						
Cockburn 11B	" State 4 E	-K (Queen)	State, Federal or Fee						
Unit Letter B ; 6	60 Feet From The North L	ine and 1650 Feet I	From The						
		r eet i	rom the						
Line of Section ,	Township 18-8 Range	33-6 , NMPM,	County						
DESIGNATION OF TRANSPO	RTER OF OIL AND NATURAL G	AS							
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	Mexico Pipeline Co. Casinghead Gas X or Dry Gas	Box 1510 - M	approved topy of this form is to be sent)						
Phillips Pe									
If well produces oil or liquids,	Unit Sec. Twp. Rge.	Is gas actually connected?	When, Toxas						
give location of tanks.	B 1 185 33E	Yes	2-1-62						
If this production is commingled	with that from any other lease or pool								
COMPLETION DATA	Oil Well Gas Well	New Well Workover Deepe	n Plag Back Same Res'v. Diff. Res'v						
Designate Type of Comple	tion - (X)		The state of the s						
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.						
Pool	Name of Producing Formation	Top 011/0 P							
	Name of Flordering Cambridge	Top Oil/Gas Pay	Tubing Depth						
Perforations			Depth Casing Shoe						
HOLE SIZE	TUBING, CASING, AN	D CEMENTING RECORD							
11022 3122	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT						
TECT DATE AND DECLECO	TOP ALLOWANT F								
OIL WELL	TOR ALLOWABLE (Test must be a able for this d	ifter recovery of total volume of load epth or be for full 24 hours)	d oil and must be equal to or exceed top allow						
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, g	as lift, etc.)						
Length of Test	Tubing Pressure	Casing Pressure							
Jangin of Foot	Tubing Tressure	Cdsing 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						
			and the second second						
Testing Method (pitot, back pr.)	Tubing Pressure	Casing Pressure	Choke Size						
CEPTIFICATE OF COMPLIA	NOR								
CERTIFICATE OF COMPLIA	NUE	OIL CONSERVATION COMMISSION							
I hereby certify that the rules and	regulations of the Oil Conservation	APPROVED , 19							
Commission have been complied	with and that the information given he best of my knowledge and belief.	BY							
	A also and better	BY							
		TITLE							
Child Harris	1,2 (2 x	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							
(Sig	nature)								
District Cles	'k	tests taken on the well in a	ccordance with RULE 111.						
	itle)	All sections of this form	must be filled out completely for allow-						

All sections of this form must be filled out completely for allowable on new and recompleted wells. Fill out Sections I, II, III, and VI only 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.