

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

OIL CONSERVATION DIVISION

P. O. BOX 2088  
SANTA FE, NEW MEXICO 87501

Form C-104  
Revised 10-01-78  
Format 06-01-83  
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| LAND OFFICE            |     |
| TRANSPORTER            | OIL |
|                        | GAS |
| OPERATOR               |     |
| PRORATION OFFICE       |     |

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator  
Cities Service Oil & Gas Corp.

Address  
P.O. Box 50250 - Midland, Texas 79710

Reason(s) for filing (Check proper box)

|  |   |                                     |
|--|---|-------------------------------------|
| <input type="checkbox"/> New Well            | Change in Transporter of:               |                                     |
| <input type="checkbox"/> Recompletion        | <input type="checkbox"/> Oil            | <input type="checkbox"/> Dry Gas    |
| <input type="checkbox"/> Change in Ownership | <input type="checkbox"/> Casinghead Gas | <input type="checkbox"/> Condensate |

Other (Please explain)  
To report casinghead gas transporter and connection date

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

|   |               |   |  |                     |
|---|---------------|---|--|---------------------|
| Lease Name<br>State CL  | Well No.<br>5 | Pool Name, Including Formation<br>Maljamar (G-SA) | Kind of Lease<br>State, Federal or Fee | Lease No.<br>E-2439 |
| Location<br>Unit Letter <u>H</u> ; <u>1650</u> Feet From The <u>North</u> Line and <u>990</u> Feet From The <u>East</u><br>Line of Section <u>2</u> Township <u>18S</u> Range <u>33E</u> , NMPM, Lea County |               |   |  |                     |

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

|   |   |
|---|---|
| Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/><br><del>The Permian Corporation</del>      | Address (Give address to which approved copy of this form is to be sent)<br>P.O. Box 1183 - Houston, Texas 77001-1183 |
| Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/><br>Phillips 66 Natural Gas Company | Address (Give address to which approved copy of this form is to be sent)<br>4001 Penbrook - Odessa, Texas 79762       |
| If well produces oil or liquids, give location of tanks.<br>Unit <u>D</u> Sec. <u>2</u> Twp. <u>18S</u> Rge. <u>33E</u>                                     | Is gas actually connected? <u>Yes</u> When <u>2-01-88</u>   |

If this production is commingled with that from any other lease or pool, give commingling order number:

NOTE: Complete Parts IV and V on reverse side if necessary.

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given is true and complete to the best of my knowledge and belief.

7 A. Vitrano

(Signature)

District Operations Manager - Production

(Title)

March 4, 1988

(Date)

OIL CONSERVATION DIVISION

APPROVED MAR 7 - 1988, 19

BY ORIGINAL SIGNED BY JERRY SEXTON

TITLE DISTRICT I SUPERVISOR

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deepen 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 multiple completed wells.

#### IV. COMPLETION DATA

|                                    |                             |          |                 |          |          |                   |           |             |            |
|------------------------------------|-----------------------------|----------|-----------------|----------|----------|-------------------|-----------|-------------|------------|
| Designate Type of Completion - (X) |                             | Oil Well | Gas Well        | New Well | Workover | Deepen            | Plug Back | Same Res'v. | Diff. Res. |
| Date Spudded                       | Date Compl. Ready to Prod.  |          | Total Depth     |          |          | P.B.T.D.          |           |             |            |
| Elevations (DF, RKB, 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 |
|-----------|----------------------|-----------|--------------|
|           |                      |           |              |
|           |                      |           |              |
|           |                      |           |              |
|           |                      |           |              |

#### V. 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 (pilot, back pr.) | Tubing Pressure (shut-in) | Casing Pressure (shut-in) | Choke Size            |

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