

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-11
Effective 1-1-65

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

DESCRIPTION OF WELL AND LEASE				
Lease Name <i>Unit #1</i>	Well No. <i>100</i>	Pool Name, including Formation <i>SE Mahanadi Grayburg-San Andres</i>	Kind of Lease <i>State, Federal or Free</i>	Lease No. <i>LC-060967</i>
Location <i>Unit Letter J</i> : <i>1980</i> Feet From The <i>South</i> Line and <i>1980</i> Feet From The <i>East</i>				
Line of Section <i>30</i> Township <i>17S</i> Range <i>33E</i> , NMPM, <i>LPD</i> County				

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS <i>This is a water injection well.</i>	
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. 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 Some Restv. Unit. Restv.
Date Spudded	Date Compl. Ready to Prod.
Total Depth	P.D.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

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	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 APR 8 1983 , 19
	ORIGINAL SIGNED BY JERRY SEXTON
	DY DISTRICT SUPERVISOR
	TITLE
<i>Elmer Startz</i> (Signature) <i>Region Operations Manager</i> (Title) <i>March 14, 1983</i> (Date)	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 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.

RECEIVED

MAR 28 1983

O.C.D.
HOBBS OFFICE