

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

OCT 21 2 36 PM '65

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LAND OFFICE	
TRANSPORTER	OIL GAS
OPERATOR	
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I. Operator
Cities Service Oil Company

Address
P. O. Box 69, Hobbs, New Mexico

Reason(s) for filing (Check proper box)
New Well ☒ Change in Transporter of:
Recompletion ☐ Oil ☐ Dry Gas ☐
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐

Other (Please explain)

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name State CB	Well No. 2	Pool Name, including Formation Corbin Abo (Abo)	Kind of Lease State, Federal or Fee State
Location Unit Letter G ; 2310 Feet From The North Line and 1700 Feet From The East Line of Section 32 , Township 17S Range 33E , 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"/> Texas-New Mexico Pipeline	Address (Give address to which approved copy of this form is to be sent) Box 1510, Midland, Texas					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> --	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 G	Sec. 32	Twp. 17S	Rge. 33E	Is gas actually connected? No	When TSTM

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

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Flow Back	Same Restv. <input checked="" type="checkbox"/>	Diff. Restv.
Date Spudded 9-1-65	Date Compl. Ready to Prod. 10-18-65		Total Depth 8780		F.M.T.D. 8770			
Pool Corbin Abo	Name of Producing Formation Abo		Top Oil/Gas Pay 8750		Tubing Depth 8765			
Perforations 1-3/8" hole each @ 8750, 8752, 8754, 8756 & 8758					Depth Casing Shoe 8779			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17 1/2"	13 3/8"		231'		250			
11 1/4"	8 5/8"		2897'		500			
7 7/8"	4 1/2"		8779'		850			

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 10-12-65	Date of Test 10-18-65	Producing Method (Flow, pump, gas lift, etc.) Swabbing	
Length of Test 24 hours	Tubing Pressure --	Casing Pressure --	Choke Size --
Actual Prod. During Test	Oil-Bbls. 134	Water-Bbls. 4	Gas-MCF TSTM

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure	Casing Pressure	Choke Size

VI. CERTIFICATE OF COMPLIANCE

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.

Charles E. ...
(Signature)

District Clerk
(Title)

October 19, 1965
(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19____
BY Joe L. ...
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 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 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.