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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-104 and C-110  
Effective 1-1-65

Operator <b>Cities Service Oil Company</b>	
Address <b>Box 69 - Hobbs, New Mexico</b>	
Reasons for filing (Check proper box)	
Change in well	Change in Transporter of:
Change in location	Oil
Change in ownership	Casinghead Gas
	Dry Gas
	Condensate
Other (Please explain) <b>Change well name from Wyatt 'A' Batt. 2 #4 to Wyatt 'A'-Federal Batt 2 #4.</b>	
If change of ownership give name and address of previous owner <b>John G. Schmitt - Hobbs, New Mexico</b>	

II. DESCRIPTION OF WELL AND LEASE

Well Name <b>Wyatt 'A'-Federal Batt. 2</b>	Well No. <b>4</b>	Pool Name, Including Formation <b>Maljamar (G-SA)</b>	Kind of Lease State, Federal or Fee <b>Federal</b>	Lease No. <b>LC-062391</b>
Location				
Section <b>0</b>	990	Feet From The <b>South</b> Line and <b>1650</b>	Feet From The <b>East</b>	
Range of Section <b>33</b>	Township <b>17S</b>	Range <b>33E</b>	NMPM, <b>Lea</b>	County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Designation of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) <b>Box 1510 - Midland, Texas</b>					
Designation of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) <b>Box 6666 - Odessa, Texas</b>					
Does well produce oil or liquids, give production of tanks.	Unit <b>P</b>	Sec. <b>33</b>	Twp. <b>17S</b>	Rge. <b>33E</b>	Is gas actually connected? <b>Yes</b>	When <b>2-59</b>

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

**R-1279**

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'ty.	Diff. Res'ty.
Time Spended	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
Deviation: DF, RKB, RT, GR, etc.,	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
Well Casing			Depth Casing Shoe					

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

V. DEEPEN DATA AND REQUEST FOR ALLOWABLE FOR 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)

Time Since New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Test Method	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

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.

ORIGINAL FILED  
OIL CONSERVATION

(Signature)

**District Admin. Supervisor**  
**May 20, 1970**

(Title)

(Date)

OIL CONSERVATION COMMISSION

APPROVED **MAY 25 1970**, 19

BY

TITLE

**SUPERVISOR DISTRICT**

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 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 multiply completed wells.

APR 22 1970

OIL CONSERVATION COMM.

RECEIVED

MAY 22 1970

OIL CONSERVATION COMM.  
HOBBS, N. M.