

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-104 and C-11
Effective 1-1-65

Operator <u>Cities Service Oil & Gas Corporation</u>	
Address <u>P.O. Box 1919 - Midland, Texas 79702</u>	
Reason(s) for filing (Check proper box)	
New Well ☐	Change In Transporter of: Oil ☐ Dry Gas ☐
Recompletion ☐	Casinghead Gas ☐ Condensate ☐
Change In Ownership ☒	Other (Please explain) <u>Change of Operator's Name</u> <u>is effective April 1, 1983.</u>

If change of ownership give name and address of previous owner Cities Service Company - P.O. Box 1919 - Midland, Texas 79702

DESCRIPTION OF WELL AND LEASE	
Lease Name <u>4th & Tract #2</u>	Well No. <u>50</u>
<u>SE 1/4, Quarter Section 50</u>	Pool Name, including Formation <u>Nalzarua Grayburg-Spr. Andies</u>
Location <u>B</u> <u>500</u> Feet From The <u>North</u> Line and <u>1950</u> Feet From The <u>East</u>	Kind of Lease <u>State</u> , Federal <u>LC-062004</u>
Line of Section <u>30</u> Township <u>17S</u> Range <u>33E</u> NMPM, <u>LPD</u> County	

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS <u>THIS IS A WATER INJECTION WELL.</u>	
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 Soc. 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)									
Date Spudded	Date Compl. ready to Prod.	Total Depth	P.D.T.D.						
Elevations (DP, RSD, 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 lost 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/MCF	Gravity of Condensate
Testing Method (spot, 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.	APR 8 1983
<u>Elmer Startz</u> (Signature) <u>Region Operations Manager</u> (Title) <u>March 14, 1983</u> (Date)	APPROVED _____, 19____ BY <u>ORIGINAL SIGNED BY JERRY SEXTON</u> DISTRICT I SUPERVISOR 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 only Sections I, II, III, and VI for change of owner, well name or number, or transporter, or other such change of condition.

RECEIVED
MAR 28 1983
O.C.D.
HOBBS OFFICE