

NEW MEXICO OIL CONSERVATION COMMISS
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

NO. OF COPIES RECEIVED		
DISTRIBUTION		
SANTA FE		
FILE		
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OFFICE		

1.

Operator CITIES SERVICE OIL COMPANY		
Address P.O. BOX 69, Hobbs, N.M. 88240		
Reason(s) for filing (Check proper box) New Well <input checked="" type="checkbox"/> Change in Transporter of: 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 <input type="checkbox"/>		Casinghead Gas MUST NOT BE FLARED AFTER <u>11/1/72</u> UNLESS AN EXCEPTION TO R-4070 IS OBTAINED

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name SMGSAU Tr. 7	Well No. 6	Pool Name, including Formation Maljamar-Grayburg-S.A.	Kind of Lease State, Federal or Fee State	Lease No. B-2516
Location Unit Letter 0 ; 1155 Feet From The South Line and 1385 Feet From The East Line of Section 29 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 Company	Address (Give address to which approved copy of this form is to be sent) P.O. 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 L	Sec. 29	Twp. 17S	Rge. 33E	Is gas actually connected? No (TSTM)	When --

If this production is commingled with that from any other lease or pool, give commingling order number: **R-3134**

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded 8-2-72	Date Compl. Ready to Prod. 8-12-72	Total Depth 4355	P.B.T.D. 4353					
Elevations (DF, RKB, RT, GR, etc.) 4078 DF	Name of Producing Formation Grayburg-San Andres	Top Oil/Gas Pay 4244	Tubing Depth 4248					
Perforations 11 holes 4244--4254, 12 holes 4267-4278, 1 hole each @ 4281, 4285, 4286, 29 holes 4294--4322			Depth Casing Shoe 4355					
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
11"	8 5/8"		354		200 sacks			
7 7/8"	5 1/2"		4355		435 sacks			

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 8-22-72	Date of Test 9-12-72	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 24 hrs.	Tubing Pressure --	Casing Pressure --	Choke Size --
Actual Prod. During Test	Oil-Bbls. 90	Water-Bbls. 16 Load	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 (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 SIGNED
S. D. ROBERTSON

(Signature)

District Administrative Supervisor

(Title)

Sept. 14, 1972

(Date)

OIL CONSERVATION COMMISSION

APPROVED

SEP 14 1972

, 19

BY

TITLE

SUPERVISOR DISTRICT I

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.

RECEIVED

SEP 14 1972

OIL CONSERVATION COMM.
HOBBS, N. M.