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LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION 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

I. Operator  
Cities Service Oil Company

Address  
Box 4906 - Midland, Texas 79701

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"/>
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>
		Dry Gas	<input type="checkbox"/>
		Condensate	<input type="checkbox"/>

Other (Please explain)  
Casinghead Gas MUST NOT BE  
FLARED AFTER 4/1/73  
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. 6	Well No. 6	Pool Name, Including Formation Maljamar (G-SA)	Kind of Lease State, Federal or Fee State	Lease No. B-2516
Location Unit Letter M ; 1310 Feet From The South Line and 100 Feet From The West 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 Co.	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 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 1-6-73	Date Compl. Ready to Prod. 2-5-73	Total Depth 4292'	P.B.T.D. 4277'					
Elevations (DF, RKB, RT, GR, etc.) 4039' GR.	Name of Producing Formation Grayburg	Top Oil/Gas Pay 4224'	Tubing Depth 4269'					
Perforations 1 - 0.45" hole each @ 1 ft. intervals from 4224-4240' and from 4246-4271'			Depth Casing Shoe 4292'					
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12-1/4"	8-5/8"		833'		400 sacks			
7-7/8"	5-1/2"		4292'		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 1-22-73	Date of Test 2-5-73	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. 97	Water-Bbls. 1 Load	Gas-MCF TSTM

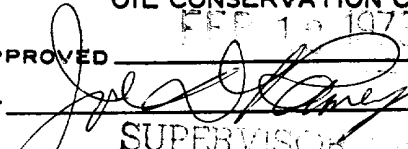
GAS WELL

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

  
(Signature)  
Region Operation Manager  
(Title)  
February 7, 1973  
(Date)

OIL CONSERVATION COMMISSION  
APPROVED  1973  
BY  
TITLE SUPERVISOR

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.

**AFFIDAVIT**

State of Texas

Cities Service Oil Company

County of Midland

Lease Name SMGSAU Tr. 6 Well No 6

In Sec. 29 Twp. 17S Rge. 33E

County of Lea

State of New Mexico

E. Y. Wilder of lawful age being first duly sworn deposes and says:

That he supervises development and operation of the captioned lease and is duly qualified and authorized to make this affidavit and is fully acquainted with all facts herein set out concerning Deviation test and Directional drilling.

<u>Degrees</u>	<u>Depth</u>	<u>Degrees</u>	<u>Depth</u>	<u>Degrees</u>	<u>Depth</u>
.25	242	1.00	4000		
.25	470	.75	4078		
.50	716	.75	4160		
.50	834	1.00	4292		
.50	1058				
.75	1528				
.75	1620				
.50	1870				
.75	2120				
1.00	2347				
1.00	2568				
1.25	2616				
1.00	2977				
1.25	3322				
1.00	3612				
1.00	3832				

Further affiant saith not.

Subscribed and sworn to before me this 7th day of February 19 73

My Commission Expires 6-1-73

Christine  
Notary Public  
Midland, Texas