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U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PROPRATION 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

I. Operator
Cities Service Oil Company
Address
P.O. Box 1919 - Midland, Texas 79702
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)
CITY SERVICE OIL COMPANY MUST NOT BE
EXEMPTED FROM PAYMENT OF
SEVERITY TAX
EXEMPTION TO R-4070
from 11/1/80

If change of ownership give name
and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name SMGSAU Tract 1	Well No. 5	Pool Name, including Formation Maljamar (G-SA)	Kind of Lease State, Federal or Fee Federal	Lease No. LC 060967
Location Unit Letter <u>J</u> : <u>2490</u> Feet From The <u>South</u> Line and <u>1595</u> Feet From The <u>East</u> Line of Section <u>30</u> Township <u>17S</u> Range <u>33E</u> , NMPM, <u>Lea</u> 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 2528 - Hobbs, New Mexico 88240					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> Gas TSTM	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	When

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 <input type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'v. <input type="checkbox"/>	Diff. Res'v. <input type="checkbox"/>
Date Spudded 12-17-79	Date Compl. Ready to Prod. 4-17-80		Total Depth 4350'		P.B.T.D. 4349'			
Elevations (DF, RKB, RT, GR, etc.) 4060.4' DF	Name of Producing Formation Premier/San Andres		Top Oil/Gas Pay 4118'		Tubing Depth 4336'			
Perforations 2-o.50" holes per ft. @ 4118-4132, 4148-4152, 4160-4164, 4168-4172, 4180-4186, 4198-4213, 4230-4238, 4248-4258 and 4284-4308.					Depth Casing Shoe 4350'			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE 12-1/4"	CASING & TUBING SIZE 8-5/8"		DEPTH SET 1300'		SACKS CEMENT 660 sacks			
7-7/8"	5-1/2"		4350'		1960 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)

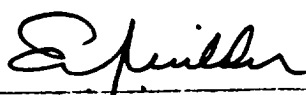
Date First New Oil Run To Tanks 3-17-80	Date of Test 4-17-80	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 24 hrs.	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls. 50	Water-Bbls. 183	Gas-MCF Gas TSTM

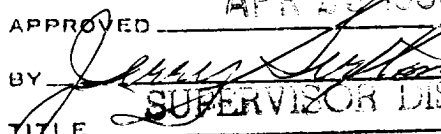
GAS WELL

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 Operations Manager
(Title)
April 23, 1980
(Date)

OIL CONSERVATION COMMISSION
APR 23 1980
APPROVED _____, 19____
BY 
SUPERVISOR DISTRICT I
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 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.