_	DISTRIBUTION	<del></del>							
	DISTRIBUTION	NEW MEXIC							
	ANTA FE	RE							
	' ILE								
	.s.g.s.	AUTHORIZATION							
	LAND OFFICE								
	TRANSPORTER GAS								
	OPERATOR								
1	PRORATION OFFICE								
•	Operator								
	CITIES SERVICE COM	PANY							
	Address P.O. Box 1919, Midland, Texas 79702								
	Reason(s) for filing (Check proper b								
	New Well	Change in Transporter of							
	Recompletion	Oil Oil							
	Change in Ownership	<u> </u>							
	Change in Ownership	Casinghead Gas							
II.	If change of ownership give name and address of previous owner  DESCRIPTION OF WELL ANI	D LEASE   Well No.   Pool Name, Inc							
	SMGSAU Tr. 4	13 Maljama							
	Location	10 Harjana							
	Unit Letter F 14	85   Nort							
	Line of Section 29 T	ownship 17S Ro							
	DESIGNATION OF TRANSPORTER OF OIL AND NATUR  Name of Authorized Transporter of Oil or Condensate Texas—New Mexico Pipeline Co.  Name of Authorized Transporter of Casinghead Gas or Dry Gas  Phillips Petroleum Co.								
	If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. L 29 17S							
	If this production is commingled w								
٧.	COMPLETION DATA	Oil Well Gas							
	Designate Type of Complet	n = (X)							
	Date Spudded	Date Compl. Ready to Prod.							
	9-21-81	2-2-82							
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation							
	4092' GR	Premier (GRYBG)							
	Perforations	1110 /106 /100 - 100							
	2-0.30 SPF @ 4118-2	4112,4136-4138 & 423							
		TUBING, CASIN							
	HOLESIZE	CASING & TUBING SI							
	12-1/4"	8-5/8"							
	7-1/8"	5-1/2"							
į	4-3/4"								
		4" Liner							
		4" Liner							
v.	TEST DATA AND REQUEST F								
<b>v</b> .		OR ALLOWABLE (Test m							
v. 	OIL WELL Date First New Oil Run To Tanks	OR ALLOWABLE (Test m able for Date of Test							
v.	OIL WELL	TOR ALLOWABLE (Test mable fo							
v.	OII. WELL Date First New Oil Run To Tanks 1-7-82 Length of Test	FOR ALLOWABLE (Test m able for Date of Test 2-2-82							
v.	OIL WELL Date First New Oil Run To Tanks 1-7-82	FOR ALLOWABLE (Test m able for Date of Test 2-2-82							
v.	OII. WELL Date First New Oil Run To Tanks 1-7-82 Length of Test 24 hours	COR ALLOWABLE (Test mable for Date of Test 2-2-82 Tubing Pressure							
<b>v</b> .	OII. WELL Date First New Oil Run To Tanks  1-7-82 Length of Test  24 hours Actual Prod. During Test	COR ALLOWABLE (Test mable for Date of Test 2-2-82 Tubing Pressure							
v.	OII. WELL Date First New Oil Run To Tanks 1-7-82 Length of Test 24 hours	COR ALLOWABLE (Test mable for Date of Test 2-2-82 Tubing Pressure							

(Title)

(Date)

February 8, 1982

## O OIL CONSERVATION COMMISSION

ANTA FE	<u>-</u>						Form C-104 Supersedes Old C-104 and		
.s.g.s.			AND			Effective 1-1	Effective 1-1-65		
AND OFFICE	<del></del>	AUTHORI	ZATION TO TR	ANSPORT C	IL AND NATURAL	_ GAS			
	OIL	-							
TRANSPORTER	GAS								
OPERATOR									
PRORATION OFF	ICE								
CITIES SERVICE COMPANY									
Address									
ł.	P.O. Box 1919, Midland, Texas 79702  Reason(s) for filing (Check proper box)								
Keason(s) for filing (	Theck proper b			Ot	her (Please explain)				
Recompletion	=	Change in Tr Oil							
Change in Ownership		Casinghead (	Dry G	ensate					
If change of ownersh	ip give name								
and address of previ							<del></del>		
Lease Name	WELL ANI	D LEASE	oi Name, Including F						
SMGSAU Tr	. 4	1 1	of Name, Including F Maljamar (G-		Kind of Le	_	Lease N		
Location			Tidijdildi (6-	OA)	State, Fede	eral or Fee State B	2229		
Unit Letter	F 14	85 Feet From T	North	240	00 Feet From	West			
	29				reetro	n The	<del></del>		
Line of Section	29 T	Cownship 17S	Range	33E	, <sub>NMPM</sub> , Lea		Count		
DESIGNATION OF	TRANSPO	RTER OF OIL AN	D NATURAL GA						
Name of Authorized T			insate 🔲	1		roved copy of this form is	to be sent)		
Texas-New Me			or Dry Gas	Box 25		ew Mexico 88240			
Phillips Pet			or Dry Gas	Address (Give address to which approved copy of this form is to be sent) 4001 Penbrook Odessa. Texas 79762					
If well produces oil or	· · · · · · · · · · · · · · · · · · ·	Unit Sec.	Twp. Rge.	<del></del>		ssa, Texas 79762	<u> </u>		
give location of tanks		L 29	17S 33E	Yes	į				
If this production is	commingled w	ith that from any ot	her lease or pool,	give comming	ling order number:				
COMPLETION DA	ΓA	OII W	ell Gas Well	New Well	Workover Deepen				
Designate Type	of Complet	ion (Y)	X	X Y	Workover Deepen	Plug Back Same Re	s'v. Diff. Res		
Date Spudded		Date Compl. Ready		Total Depth		P.B.T.D.	<u>i</u>		
9-21-81		2-2-82		4450		4334			
Elevations (DF, RKB,	RT, GR, etc.;	!		Top Oil/Gas		Tubing Depth	<del></del>		
4092' GR	=======================================		4118'		4321'				
2-0.30" SPF @ 4118-4112,4136-4138 & 4230-4236' (Total 30 holes)  Depth Casing Shoe 4449'									
	TUBING, CASING, AND					1 4449			
HOLES		CASING & T	UBING SIZE	DEPTH SET		SACKS CEMENT			
	12-1/4"				12'	800 Sacks			
7-1/8"		5-1/2"		+	07'	1000 Sacks			
4-3/4"		4" Lir	<u>ier</u>	3678-	4449'	50 Sacks			
TEST DATA AND	REQUEST F	FOR ALLOWARY F	(Test must be a	fter recovery of	total values of total	l and must be equal to or	<del></del> -		
OIL WELL Date First New Oil Ru		able for this de	pin or be for ful	124 hours)		exceed top allo			
	n To Tanks	Date of Test		Producing Method (Flow, pump, gas li)		ift, etc.)			
1-7-82 Length of Test		2-2-82 Tubing Pressure		Pumping Casing Pressure		I Chales Star			
24 hours			A Liegaria		<del>.</del>	Choke Size			
Actual Prod. During Te	at	Oil-Bbls.	<del></del>	Water - Bbls.		Gas-MCF	<del></del>		
		13		109		TSTM			
				<u></u>					
GAS WELL Actual Prod. Test-MC	F/D	Length of Test	-	Phi- C :	-1-00:				
	· / <del>-</del>	Tourd in Ot Tage	İ	Bbls. Condens	qte/MMCF	Gravity of Condensate			
Testing Method (pitot,	back pr.) -	Tubing Pressure (S	hut-in)	Casing Pressu	re (Shut-in)	Choke Size			
CERTIFICATE OF	COURT	OF.							
CERTIFICATE OF	CUMPLIAN	CE.				ATION COMMISSION			
hereby certify that t	he rules and	regulations of the C	il Conservation	APPROVE	<u> </u>		19		
Commission have bee	ereby certify that the rules and regulations of the Oil Conservation mission have been complied with and that the information given we is true and complete to the best of my knowledge and belief.								
POAC IN ILITE BUG CO	mprete to the	e oest of my knowl	my knowledge and belief.		BY				
e.				TITLE	(March		<del></del>		
$\mathcal{L}_{\alpha}$	$\Theta_{\alpha}$				This form is to be filed in compliance with RULE 1104.				
_ Chne		tart		If this	is a request for allow	wable for a newly drille	d or deepene		
Region Pr. 1	gr. Prod	ature) 🔾	j	well, this for tests taken	orm must be accompa on the well in acco	inied by a tabulation of rdance with RULE 111	the deviation		
			17						

If this is a request for allowable for a newly drilled or deepene 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 cool in multiple.