

OIL CONSERVATION DIVISION  
P. O. BOX 2088  
SANTA FE, NEW MEXICO 87501

Form C-104  
Revised 10-1-78

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

|  |   |  |
|--|---|--|
| 1. PROMOTION OFFICE                          |   |  |
| Operator                                     | Cities Service Oil and Gas Corporation                                      |  |
| Address                                      | P.O. Box 1919 - Midland, Texas 79702  |  |
| Reason(s) for filing (Check proper box)      | Other (Please explain)  |  |
| 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"/> |  |

If change of ownership give name  
and address of previous owner \_\_\_\_\_

II. DESCRIPTION OF WELL AND LEASE

|                 |          |  |                             |           |
|-----------------|----------|--|-----------------------------|-----------|
| Lease Name      | Well No. | Pool Name, Including Formation                             | Kind of Lease               | Lease No. |
| State DW        | 6        | Mescalero Escarpe Bone Springs                             | State, Federal or Fee State | LG 1543   |
| Location        |          |  |                             |           |
| Unit Letter     | I        | : 1980 Feet From The South Line and 330 Feet From The East |                             |           |
| Line of Section | 12       | T. Township 18S 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"/>         | Address (Give address to which approved copy of this form is to be sent) |      |      |      |                            |         |
| Texas-New Mexico Pipe Line Company   | P.O. Box 2528 - Hobbs, New Mexico 88240                                  |      |      |      |                            |         |
| Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> | Address (Give address to which approved copy of this form is to be sent) |      |      |      |                            |         |
| Phillips Petroleum Company   | 4001 Penbrook - Odessa, Texas 79762                                      |      |      |      |                            |         |
| If well produces oil or liquids, give location of tanks.   | Unit   | Sec. | Twp. | Rge. | Is gas actually connected? | When    |
|  | J  | 12   | 18S  | 33E  | Yes                        | 9-18-84 |

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                    | Gas Well        | New Well                | Workover | Deepen | Plug Back | Same Res'v. | Diff. Res' |
|  | X                           |                 | X                       |          |        |           |             |            |
| Date Spudded   | Date Compl. Ready to Prod.  | Total Depth     | P.B.T.D.                |          |        |           |             |            |
| 8-17-84  | 9-18-84                     | 8914'           | 8868'                   |          |        |           |             |            |
| Elevations (DF, RKB, RT, GR, etc.)   | Name of Producing Formation | Top Oil/Gas Pay | Tubing Depth            |          |        |           |             |            |
| 4090' GR   | Bone Springs                | 8606'           | 8491'                   |          |        |           |             |            |
| Perforations 2 SPF @ 8606, 08, 09, 15, 17, 27, 29, 32, 33, 39, 49, 51, 52, 53, 58, 62, 69, 70, 76, 78, 80, 94, 96, 8707, 14, 16, 17, 20, 25, 38, 40, 48, 50, 52, 54, 59, 63, 66, 82, 84 TUBING, CASING, AND CEMENTING RECORD and 8789' |                             |                 | Depth Casing Shoe 8914' |          |        |           |             |            |
| HOLE SIZE  | CASING & TUBING SIZE        | DEPTH SET       | SACKS CEMENT            |          |        |           |             |            |
| 17-1/2"  | 13-3/8"                     | 349'            | 500                     |          |        |           |             |            |
| 11"  | 8-5/8"                      | 3300'           | 1300                    |          |        |           |             |            |
| 7-7/8"   | 5-1/2"                      | 8914'           | 1265                    |          |        |           |             |            |

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 | Date of Test    | Producing Method (Flow, pump, gas lift, etc.) |            |
| 9-14-84                         | 9-18-84         | Flowing                                       |            |
| Length of Test                  | Tubing Pressure | Casing Pressure                               | Choke Size |
| 11-1/2                          | 160#            | Packer  | 1"         |
| Actual Prod. During Test        | Oil-Bbls.       | Water-Bbls.                                   | Gas-MCF    |
|                                 | 337             | 84 (load)                                     | 514        |

GAS WELL

|                                  |                           |                           |                       |
|----------------------------------|---------------------------|---------------------------|-----------------------|
| Actual Prod. Test-MCF/D          | Length of Test            | Bbls. Condensate/MMCF     | Gravity of Condensate |
|                                  |                           |                           |                       |
| Testing Method (pilot, 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 Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Elmer Startz  
(Signature)  
Region Operations Manager - Production  
(Title)  
September 19, 1984  
(Date)

OIL CONSERVATION DIVISION

APPROVED \_\_\_\_\_, 19\_\_\_\_

BY \_\_\_\_\_

TITLE \_\_\_\_\_

This form is to be filed in compliance with RULE 1104.  
If this is a request for allowable for a newly drilled or deepen well, this form must be accompanied by a tabulation of the deviate tests taken on the well in accordance with RULE 111.  
All sections of this form must be filled out completely for all wells on new and recompleted wells.  
Fill out only Sections I, II, III, and VI for changes of own well name or number, or transporter, or other such change of condition.  
Separate Forms C-104 must be filled for each pool in multi-completed wells.