STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

. ** **** ***	41420		
DISTRIBUTION		-	T
SANTA FE		+-	
PILE		+	
V.1.0.1.		+-	┼─
LAND OFFICE		1	
TRANSPORTER	OIL	1-	1
	DAS	1	
OPERATOR		1	_
PROBATION OFFICE		_	
			_

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

Form C-104 Revised 10-01-78 Format 06-01-83 Page 1

REQUEST FOR ALLOWABLE

AND

AUTHORIZATION TO TRANSPORT OIL AND NATURAL CAS

	ASPURT OIL AND NATURAL GAS
Operator	
Cities Service Oil & Gas Corp.	
Address	
P.O. Box 1919 - Midland, Texas 79702	
Reason(1) for filing (Check proper box)	Other (Please explain)
New Well Change in Transporter of:	Sinci (Trease explain)
Recompletion Cil	Dry Gas
Change in Ownership	Condensate
If change of ownership give name	
and address of previous owner	•
II. DESCRIPTION OF WELL AND LEASE	
Lease Name Well No. Pool Name, Including	
1 Federal AD I A I	Leges No.
Location I Mescatero Esca	urpe (Bone Spinas Flate, Federal or Fee Fed. NM 26884
Unit Letter P 990 Feet From The South .:	
Feet From The SOUTH	ine and 660 Feet From The East
1100	
Township IOS Range	33E , NMPM, Lea County
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURA	LCIS
Name of Authorized Transporter of Cit X or Condensate	L GAS
Koch Oil Company	Aggress (Give address to which approved copy of this form is to be sent)
Name of Authorized Transporter of Casinghead Gas 😿 or Dry Gas	P.O. Box 3609 - Midland, Texas 79702 Address (Give address to which approved copy of this form is to be sent)
Conoco, Inc.	D. O. Doy ACO. H. H
If well produces oil or liquids, Unit Sec. Twp. 'Rge.	P.O. Box 460 - Hobbs, New Mexico 88240
give location of tanks. H 11 18S 33E	Yes 2-04-87
1 0 0 0	1 (65) 2-04-8/
If this production is commingled with that from any other lease or pool,	give commingling order number:
NOTE: Complete Parts IV and V on reverse side if necessary.	
VI. CERTIFICATE OF COMPLIANCE	11
VI. CERTIFICATE OF COMPLIANCE	• OIL CONSERVATION DIVISION
hereby certify that the rules and regulations of the Oil Conservation Division have	17
ocen complied with and that the information given is true and complete to the best of my knowledge and belief.	APPROVED MAR 2 0 1987 . 19
ay knowledge and benet.	BYORIGINAL SIGNED BY JERRY SEXTON
	EISTRICT I SUPERVISOR
	TITLE
7 alletrane	This form is to be filed in compliance with RULE 1104.
(Signature)	If this is a request for allowable for a
District Operations Manager - Production	
(Tule)	I want the work the accordance with MULE 111.
March 17, 1987	All sections of this form must be filled out completely for allowable on new and recompleted wells.
(Date)	Fill out only Sections 7 tv 177
	the state of the state and the state of condition
· -	Separate Forms C-104 must be filed for each pool in multiply completed wells.

	Oil Well Gas Wel	New Well Workover Dee	pen Plug Back Same Resty, Diff. Resty	
Designate Type of Complet	ion = (X)			
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.	
Elevations (DF, RKB, RT, GR, etc.,	Name of Producing Formation	Top Oil/Gas Pay Tubing Depth		
Periorations			Depth Casing Shoe	
	TUBING, CASING,	AND CEMENTING RECORD		
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
V. TEST DATA AND REQUEST	FOR ALLOWABLE (Test must be able for this	e after recovery of total volume of lo depth or be for full 24 hours)	ad oil and must be equal to or exceed top allow	
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)		
	Date of 1880	Producing Method (Flow, pump,	gas ujt, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size	
Length of Test Actual Prod. During Test				
Actual Prod. During Test	Tubing Pressure	Casing Pressure	Choke Size	
Actual Prod. During Test GAS WELL	Tubing Pressure Oil-Bbis.	Casing Pressure Water-Bbis.	Choke Size Gas-MCF	
Actual Prod. During Test	Tubing Pressure	Casing Pressure	Choke Size	
Actual Prod. During Test GAS WELL	Tubing Pressure Oil-Bbis.	Casing Pressure Water-Bbis.	Choke Size Gas-MCF	