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LAND OFFICE	
TRANSPORTER	OIL GAS
OPERATOR	
PRODUCTION OFFICE	

NEW MEXICO OIL CONSERVATION COMMISSION  
REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form O-104  
Supersedes Old O-104 and O-110  
Effective 1-1-55

Operator <u>City Oil Company</u>	
Address <u>P. O. Box 211, El Paso, New Mexico 88501</u>	
Reason for filing (check proper box)	Other (if none explained)
New Well <input type="checkbox"/>	Change in lease property <input type="checkbox"/>
Reopening <input type="checkbox"/>	Dry Gas <input type="checkbox"/>
Change in ownership <input type="checkbox"/>	Condensate <input type="checkbox"/>
If change of ownership give name and address of previous owner <u>El Paso Oil Co., P.O. Box 211, El Paso, New Mexico 88501</u>	

II. DESCRIPTION OF WELL AND LEASE	
Well Name <u>East Street</u>	Well Number <u>Unit 79</u>
Location <u>P 660</u>	Section <u>27</u>
Range <u>South</u>	Line and <u>660</u>
Feet From The <u>East</u>	Feet From The <u>East</u>
State, Federal or Free <u>State</u>	Lease No. <u>B-2330</u>

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS	
Name of Authorized Transporter <u>City Oil Company</u>	Address (Give address to which approved copy of this form is to be sent) <u>City Oil Company, P.O. Box 211, El Paso, New Mexico 88501</u>
Name of Authorized Transporter of Gas <u>City Oil Company</u>	Address (Give address to which approved copy of this form is to be sent) <u>City Oil Company, P.O. Box 211, El Paso, New Mexico 88501</u>
If well produces oil or liquids, give location of tanks <u>I 27 19 37</u>	Is gas actually separated? <u>Yes</u>
	When <u>1957</u>

IV. COMPLETION DATA	
Designate Type of Completion - (N) <u>N</u>	Well Name <u>East Street</u>
Well Number <u>Unit 79</u>	Well Depth <u>1937</u>
Top of Oil/Gas Pay <u>1937</u>	Depth of Casing Shoe <u>1937</u>
TUBING, CASING, AND CEMENTING RECORD	
HOLE SIZE	CASING & TUBING SIZE
DEPTH SET	SACKS CEMENT

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL	
Date First New Oil Run To Tanks <u>10-1-57</u>	Producing Method (Flow, pump, gas lift, etc.) <u>Flow</u>
Length of Test <u>24</u>	Casing Pressure <u>100</u>
Actual Prod. During Test <u>100</u>	Water-Bbls. <u>0</u>
	Gas-MCF <u>100</u>
GAS WELL	
Actual Prod. Test-MCF/D <u>100</u>	Gravity of Condensate <u>50</u>
Testing Method (pilot, back pr.) <u>Shut-in</u>	Casing Pressure (Shut-in) <u>100</u>

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 <u>P. A. Wade</u>	
(Title) <u>President</u>	
(Date) <u>10-1-57</u>	
OIL CONSERVATION COMMISSION	
APPROVED <u>[Signature]</u>	
BY <u>[Signature]</u>	
TITLE <u>[Signature]</u>	
This form is to be filed in compliance with RULE 1004.	
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.	