

DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRORATION 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-110
Effective 1-1-65

I. OPERATOR

Operator: Cities Service Oil Company **CASINGHEAD GAS MUST NOT BE PLACED AFTER 6/22/76 UNLESS AN EXCEPTION TO R-1070 IS OBTAINED.**

Address: Box 1919 - Midland, Texas 79701

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): *See attached*

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

THIS WELL HAS BEEN PLACED IN THE POOL DESIGNATED BELOW. IF YOU DO NOT CONCUR NOTIFY THIS OFFICE.

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>Owen</u>	Well No. <u>1</u>	Pool Name, including Formation <u>Wantz Granite Wash</u>	Kind of Lease State, Federal or Fee <u>Fee</u>	Lease No. <u>---</u>
Location Unit Letter <u>P</u> ; <u>660</u> Feet From The <u>South</u> Line and <u>660</u> Feet From The <u>East</u> Line of Section <u>35</u> Township <u>21S</u> Range <u>37E</u> , NMFM, <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"/> <u>Texas-New Mexico Pipeline Company</u>	Address (Give address to which approved copy of this form is to be sent) <u>Box 1510 - Midland, Texas 79701</u>
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> <u>---</u>	Address (Give address to which approved copy of this form is to be sent) <u>---</u>
If well produces oil or liquids, give location of tanks. <u>P 35 21S 37E</u>	Is gas actually connected? When <u>No</u>

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 type="checkbox"/>	Workover <input checked="" type="checkbox"/>	Deepen <input checked="" type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'v. <input type="checkbox"/>	Diff. Res'v. <input checked="" type="checkbox"/>
Date 3-25-76 Respudded <u>3-25-76</u>	Date Compl. Ready to Prod. <u>4-28-76</u>	Total Depth <u>7524'</u>	P.B.T.D. <u>7509'</u>					
Elevations (DF, RKB, RT, GR, etc.) <u>3368' GR</u>	Name of Producing Formation <u>Granite Wash</u>	Top Oil/Gas Pay <u>7426'</u>	Tubing Depth <u>6010' (Tail Pipe to 7250')</u>					
Perforations 2-0.36" holes each @ <u>7426', 7428', 7430', 7435', 7436', 7437', 7442', 7443', 7448', 7451', 7453', 7457', 7463', 7465', 7468', 7469', 7470', 7471', 7476', 7480',</u>				TUBING, CASING, AND CEMENTING RECORD <u>7486', 7488', 7490',</u>				
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
<u>7-3/8"</u>	<u>5-1/2"</u>		<u>6477'</u>		<u>350</u>			
<u>4.892"</u>	<u>4" (Liner)</u>		<u>6138' to 7523'</u>		<u>85</u>			

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 <u>4-22-76</u>	Date of Test <u>4-28-76</u>	Producing Method (Flow, pump, gas lift, etc.) <u>Flowing</u>	
Length of Test <u>24 hours</u>	Tubing Pressure <u>40</u>	Casing Pressure <u>---</u>	Choke Size <u>30/61"</u>
Actual Prod. During Test	Oil-Bbls. <u>225.5</u>	Water-Bbls. <u>16.9</u>	Gas-MCF <u>269.9</u>

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.

E. Spuller
(Signature)
Region Operation Manager
(Title)
April 28, 1976
(Date)

OIL CONSERVATION COMMISSION

APPROVED MAY 3 1976, 19____

BY *Jerry Serio*

TITLE SUPERVISOR DISTRICT I

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 multiple