HO. OF COPIES REC	EIVED	1	
DISTRIBUTE			
SANTA FE			
FILE			
U.S.G.S.	i		
LAND OFFICE			
TRANSPORTER	OIL		
TRANSFORTER	GA\$		
OPERATOR			
BRODATION OF			

## NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE

Form C-104 Supersedes Old C-104 and C-110

	FILE		<u> </u>				AND			Effective	1-1-65	
	U.S.G.S.		<u>i                                     </u>	_ AU	AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS							
LAND OFFICE												
	TRANSPORTER	OIL	<del>                                     </del>	-								
		GA\$	<b> </b>	_								
	OPERATOR		<del>                                     </del>	4								
1.	PRORATION OFF	ICE										
		Cities Service Oil Company										
	Address											
	Reason(s) for filing (Check proper box)  Other (Please explain)											
	New Well			-	ge in Trans	sporter of:			. ,		_	
	Recompletion			Oil		Dry C	as 🗍	To repo	ort gas	connection da	te.	
	Change in Ownership	<u>,</u>		Casin	ghead Gas	Cond	ensate					
	If change of owners and address of prev											
II.	DESCRIPTION OF WELL AND LEASE											
	Lease Name Well No. Pool Name, Including F							Cedse 140.				
	Owen Location			2	D	inkard-Dri	lnkard		State, Federa	I or Fee Fee	<b>4540</b>	
	Unit Letter 0		6	50 Feet	From The	South_L	ine and	1980	_ Feet From	The <b>Rest</b>		
	Line of Section	35_	Tov	wnship 21	L <b>S</b>	Range	37E	, NMPM	I_s		County	
	DECIONATION OF		NEBOR	ren or o	AND	NATURAL	45					
411.	Name of Authorized				or Condens			Give address t	o which appro	ved copy of this form	is to be sent)	
	Texas-New   Name of Authorized 1	Mexic	o Pipe	line Co	). <u> </u>		Box 1	510 - Mi	iland, Te	ved copy of this form		
	Name of Authorized 1	Ltausbot	rter of Cas	singh <del>a</del> ad Gas	s or	Dry Gas	i				is to be sent)	
	Northern Na			Co.	Sec.	Twp. P.ge.	2223 I	Dodge St.	- Omahi	, Nebraska		
	If well produces oil of give location of tanks		8,	,	;	, .		idity connects	1			
	If this production is		melad mid	th that from	35 ±	218 37E	Yes	anding and a		12-8-72		
	COMPLETION DA		ngreu wr	in that from			give commi	ingling orde:	number:	PC-206	<del></del>	
	Designate Type	e of Co	ompletic	n – (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back Same	Restv. Diff. Restv.	
					1	1	1	1	1	1		
	Date Spudded			Date Comp	or. Heady t	o Prod.	Total Dept	h		P.B.T.D.		
	Elevations (DF, RKB	, RT, GI	R, etc.;	Name of P	roducing F	ormation	Top Oil/Go	as Pay	<del></del>	Tubing Depth		
	D. G. Starter		·							Darah Carta Shaa		
	Perforations									Depth Casing Shoe		
					TUBIN	G, CASING, AN	D CEMENTI	NG RECOR	D		···	
	HOLE SIZE			CASI	CASING & TUBING SIZE		DEPTH SET		SACKS C	EMENT		
											-··· <u>- · · · · · · · · · · · · · · · · </u>	
				ļ					· · · · · · · · · · · · · · · · · · ·	<del> </del>		
<b>1</b> /	TEST DATA AND	PEOI	FST FO	DP AT TO	VADIE	/Tast must be		of total malus	no of load oil	i	or average top allow	
	OIL WELL	REQU	ESIFC	JK ALLO	ADLL	able for this d	epth or be for	full 24 hours,	)	und must be equal to		
ĺ	Date First New Oil R	un To T	anks	Date of Te	at		Producing	Method (Flow,	pump, gas li	ft, etc.)		
]							0 1 2			Totale Size		
	Length of Test			Tubing Pre	es a me		Casing Pre	eswe		Choke Size		
į.	Actual Prod. During T	rest .		Oil-Bbls.		<u> </u>	Water - Bbls	<del></del>	<del></del>	Gas-MCF		
ł												
	GAS WELL											
ſ	Actual Prod. Test-M	CF/D		Length of	Cest		Bbls. Cond	ensate/MMCF	· · · · · · · · · · · · · · · · · · ·	Gravity of Condense	at•	
	Testing Method (pitot	back n	re. J	Tubing Pre	saure / Ch	nt_{n})	Cosing Pre	ssure (Shut-	inl	Choke Size		
	. daming (processor (processor	,	,	,	(011	,						
VI.	CERTIFICATE OF	F COM	PLIANC	Œ				OIL C	ONSERVA	TION COMMISSI	ON	
							ARREON	/ED	ا المراقعين المراقعين	ر د د	19	
1	hereby certify that	that the rules and regulations of the Oil Conservation e been complied with and that the information given				APPROVED, 19						
	above is true and complete to the best of my knowledge and belief.					Joe D. Ramey						
						TITLE	TITLE Dist. I. Supy.					
						· ·						
						This form is to be filed in compliance with RULE 1104.						
-	(Signature)			*1,001			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.				
-	Region Operation Manage				er			All sections of this form must be filled out completely for allow-				
			` <i>'</i>					able 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.				
-	January 18	(e)										
			1241	ate)			Separate Forms C-104 must be filed for each pool in mu				pool in multiply	
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