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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 **CITIES SERVICE OIL**

Address **BOX 69, Hobbs, N.M. 88240**

Reason(s) for filing (Check proper box) Other (Please explain)

New Well ☐ Change in Transporter of:

Recompletion ☐ Oil ☐ Dry Gas ☒

Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name <b>OWEN</b>	Well No. <b>2</b>	Pool Name, Including Formation <b>Blinebry-Blinebry</b>	Kind of Lease State, Federal or Fee <b>Fee</b>	Lease No. <b>-</b>
Location Unit Letter <b>0</b> ; <b>660</b> Feet From The <b>South</b> Line and <b>1980</b> Feet From The <b>East</b>				
Line of Section <b>35</b> Township <b>21S</b> Range <b>37E</b> <b>Lea</b> 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) <b>Box 1510, Midland, Texas</b>					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) <b>2223 Dodge Street, Omaha, Nebraska</b>					
If well produces oil or liquids, give location of tanks.	Unit <b>P</b>	Sec. <b>35</b>	Twp. <b>21S</b>	Rge. <b>37E</b>	Is it a naturally occurring gas? <b>Yes</b>	When <b>est. 5-22-72</b>

If this production is commingled with that from any other lease or pool, give commingling order number: **PC-206**

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'v. <input type="checkbox"/>	Diff. Res'v. <input checked="" type="checkbox"/>
Date Spudded <b>3-10-72</b>	Date Compl. Ready to Prod. <b>3-25-72</b>		Total Depth <b>6486</b>		P.B.T.D. <b>5800</b>		
Elevations (DF, RKB, RT, GR, etc.) <b>3362 GR</b>	Name of Producing Formation <b>Blinebry</b>		Test Depth (ft.) <b>5504</b>		Tubing Depth <b>5530</b>		
Perforations <b>1 - 0.41" hole each @ 5504, 17, 25, 27, 29, 31, 54, 63, 79, 96</b>					Depth Casing Shoe <b>6412</b>		
TUBING, CASING, AND CEMENTING RECORD							
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT		
<b>See old casing record</b>							

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 well hours.)

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

GAS WELL

Actual Prod. Test-MCF/D <b>1149</b>	Length of Test <b>24 hrs.</b>	Bbls. Condensate/MCF <b>3.4</b>	Gravity of Condensate <b>39.9</b>
Testing Method (pitot, back pr.) <b>-</b>	Tubing Pressure (Shut-in) <b>360</b>	Casing Pressure (Shut-in) <b>-</b>	Choke Size <b>24/64"</b>

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)  
**District Administrative Supervisor**

(Title)

**May 19, 1972**

(Date)

OIL CONSERVATION COMMISSION

APPROVED **JUL 10 1972**, 19

BY **John Runyan**  
Geologist

TITLE

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 multiply completed wells.

STATION

of Bureau of  
Internal Affairs  
Hobbs, N. M.

RECEIVED

MAY 22 1972

OIL CONSERVATION COMM.  
HOBBS, N. M.