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| 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 COMPANY | |
| Address Box 69, 19 Hobbs, New Mexico 88240 | |
| Reason(s) for filing (Check proper box) Other (Please explain) | |
| New Well <input type="checkbox"/> | Change in Transporter of: |
| Recompletion <input checked="" type="checkbox"/> | Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> |
| Change in Ownership <input type="checkbox"/> | Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/> |

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

| | | | | |
|---------------------------|----------------------|--|--|------------------------|
| Lease Name Owen | Well No. 2 | Pool Name, including Formation Blinebry-Blinebry | Kind of Lease State, Federal or Fee | Lease No. -- |
| Location | | | | |
| Unit Letter 0 | 660 | Feet From The South Line and 1980 | Feet From The East | |
| Line of Section 35 | Township 21S | Range 37E | County Lea | |

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) | | | |
| Texas-New Mexico Pipeline Company | Box 1510 - Midland, Texas | | | |
| Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> | Address (Give address to which approved copy of this form is to be sent) | | | |
| Skelly Oil Company | Box 1650 - Tulsa, Oklahoma | | | |
| If well produces oil or liquids, give location of tanks. | Unit P | Sec. 35 | Twp. 21S | Rge. 37E |
| | | | | Is gas actually transported? -- When -- |

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 type="checkbox"/> | Well Deepened <input type="checkbox"/> | Plug Back <input type="checkbox"/> | Same Res'v. <input type="checkbox"/> | Diff. Res'v. <input checked="" type="checkbox"/> |
| Date Spudded 3-10-72 | Date Compl. Ready to Prod. 3-25-72 | Total Depth 6486 | P.B.T.D. 5800 | | | | |
| Elevations (DF, RKB, RT, GR, etc.) 3362 GR | Name of Producing Formation Blinebry | Top Oil Gas Str. 5504 | Tubing Depth 5530 | | | | |
| Perforations 1 - 0.41" hole each @ 5504, 17, 25, 27, 29, 31, 54, 63, 79, 96, 5619, 45, 52, 61, 70, 88, 96, 5739, 42, 50 & 60 | Depth Casing Shoe 6412 | | | | | | |
| TUBING, CASING, AND CEMENTING RECORD | | | | | | | |
| HOLE SIZE | CASING & TUBING SIZE | | DEPTH SET | | SACKS CEMENT | | |
| SEE OLD CASING RECORD | | | | | | | |
| | | | | | | | |
| | | | | | | | |

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 3-18-72 | Date of Test 3-25-72 | Producing method (Flow, pump, gas lift, etc.) Flowing | |
| Length of Test 24 hrs. | Tubing Pressure 360 | Casing Pressure -- | Choke Size 24/64" |
| Actual Prod. During Test | Oil - Bbls. 4 | Water - Bbls. -0- | Gas - MCF 1149 |

GAS WELL

| | | | |
|----------------------------------|---------------------------|---------------------------|-----------------------|
| Actual Prod. Test - MCF/D | Length of Test | Bbls. Condensate/MCF | Gravity of Condensate |
| Testing Method (pilot, 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.

District Administrative Supervisor

March 27, 1972

OIL CONSERVATION COMMISSION

APPROVED MAR 30 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.

51-
of Board and
General and
Longland

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MAR 5 1972
OIL CONSERVATION COMM.
HOBBBS, N. M.