

DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
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 C-104
Supersedes OIL C-101 and C-11
Effective 1-1-65

Operator Cities Service Oil & Gas Corporation
Address P.O. Box 1919 - Midland, Texas 79702
Reason(s) for filing (check proper box) Other (Please explain)
New Well ☐ Change in Transporter of: Change of Operator's Name
Recompletion ☐ Oil ☐ Dry Gas ☐ is effective April 1, 1983.
Change in Ownership ☒ Casinghead Gas ☐ Condensate ☐

If change of ownership give name and address of previous owner Cities Service Company - P.O. Box 1919 - Midland, Texas 79702

DESCRIPTION OF WELL AND LEASE
Lease Name State N Well No. 4 Pool Name, including Formation Arrowhead Grayburg Kind of Lease State Lease No.
Location Unit Letter M : 990 Feet From The South Line and 990 Feet From The West
Line of Section 2 Township 22S Range 36E NMPM, LC7 County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS
Name of Authorized Transporter of Oil ☒ or Condensate ☐ Address (Give address to which approved copy of this form is to be sent)
Texas-New Mexico Pipeline Co. Box 2528 - Hobbs, New Mexico 88240
Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐ Address (Give address to which approved copy of this form is to be sent)
Coffy Oil Company Box 1137 - Elmore, New Mexico 88231
If well produces oil or liquids, give location of tanks. Unit K Sec. 2 Twp. 22S Rge. 36E Is gas actually connected? Yes When -

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

COMPLETION DATA
Designate Type of Completion - (X) Oil Well Gas Well New Well Workover Deepen Plug Back Same Res'v. Perf. Res'v.
Date Spudded Date Compl. ready to Prod. Total Depth P.D.T.D.
Elevations (OF, RAB, RT, CR, etc.) Name of Producing Formation Top Oil/Gas Pay Tuting Depth
Perforations Depth Casing Shoe

TUBING, CASING, AND CEMENTING RECORD
HOLE SIZE CASING & TUBING SIZE DEPTH SET SACKS CEMENT

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	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 Length of Test Bbls. Condensate/MCF Gravity of Condensate
Testing Method (flow, back pr.) Tubing Pressure (shut-in) Casing Pressure (shut-in) Choke Size

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.
Elmer Startz
(Signature)
Region Operations Manager
(Title)
March 14, 1983
(Date)
OIL CONSERVATION COMMISSION
APPROVED APR 8 1983, 19
BY ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR
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 portions of this form must be filled out completely for allowable or new and recompleted wells.
Fill out only Sections I, II, III, and VI for change of owner, well name or number, or transporter, or other such change of condition.