

DISTRIBUTION	
LAND AREA	
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
Superseding Old C-101 and C-11
Effective 1-1-65

Operator Cities Service Company	
Address P.O. Box 1919 Midland, TX 79702	
Reason(s) for filing (Check proper box)	
New Well ☐	Change in Transporter of: Oil ☒ Dry Gas ☐
Recompletion ☐	Coalbed Gas ☒ Condensate ☐
Change in Ownership ☐	

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

I. DESCRIPTION OF WELL AND LEASE				
Lease Name State "H"	Well No. 2	Pool Name, including Formation Jalmat Yates 7 Rivers	Kind of Lease State, Federal or Free State	Lease No. B-1481
Location				
Unit Letter H	1980	Feet From The North	Line and 660	Feet From The East
Line of Section 17	Township	22S	Range 36E	N.M.P.M. Lea County

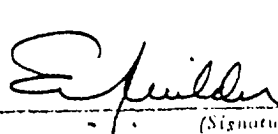
II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS				
Name of Authorized Transporter of Oil ☒ or Condensate ☐		Address (Give address to which approved copy of this form is to be sent)		
Texas-New Mexico Pipeline Co.		Box 2528, Hobbs, NM 88240		
Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐		Address (Give address to which approved copy of this form is to be sent)		
Ashland Oil & Refining Company		Box 158, Eunice, NM 88231		
If well produces oil or liquids, give location of tanks.	Unit H	Sec. 17	Twp. 22S	Rge. 36E
				Is gas actually connected? Yes

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

V. COMPLETION DATA								
Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Some Restr.	Full Restr.
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
Perforations					Depth Casing Shoe			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			

VI. 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/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size

VII. 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.	
	
Region Operations Manager	
(Title)	
4-19-78	
(Date)	

OIL CONSERVATION COMMISSION	
APPROVED <u>APR 24 1978</u> , 19	
BY <u>Orig. Signed by</u>	
Jerry Sexton	
TITLE <u>Dist. I. Supv.</u>	
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 calculation of the deviation tests taken in the well in accordance with RULE 111.	
All portions of this form must be filled out completely for allowable to be considered complete.	
Fill in only Sections I, II, III, and VI for changes of owner, well name or number, or transporter or other such change of condition.	