

DISTRIBUTION			
ANTA FE			
ILE			
.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  
Effective 1-1-65

I. OPERATOR

Operator  
Cities Service Oil and Gas Corporation

Address  
P. O. Box 1919 - Midland, Texas 79702

Reason(s) for filing (Check proper box)

New Well	<input checked="" type="checkbox"/>	Change in Transporter of:	
Recompletion	<input type="checkbox"/>	Oil	<input type="checkbox"/>
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>
		Dry Gas	<input type="checkbox"/>
		Condensate	<input type="checkbox"/>

Other (Please specify) **CASINGHEAD GAS MUST NOT BE PLACED IN POOL 1/1/84 UNLESS AN EXCEPTION TO D-1070 IS OBTAINED**

If change of ownership give name and address of previous owner

THIS WELL HAS BEEN PLACED IN THE POOL  
DEDICATED BY YOU. IF YOU DO NOT CONCUR  
NOTIFY THIS OFFICE.

II. DESCRIPTION OF WELL AND LEASE

Lease Name Byers B	Well No. 1	Pool Name, including Formation Nadine Blinebry, West	Kind of Lease State, Federal or Fee Fee	Lease No. --
Location Unit Letter <u>H</u> : <u>2080</u> Feet From The <u>North</u> Line and <u>660</u> Feet From The <u>East</u> Line of Section <u>7</u> Township <u>20S</u> Range <u>38E</u> , NMPM, Lea 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"/> Citgo Petroleum Corporation	Address (Give address to which approved copy of this form is to be sent) P.O. Box 272 - Odessa, Texas 79760					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> None	Address (Give address to which approved copy of this form is to be sent)					
If well produces oil or liquids, give location of tanks.	Unit H	Sec. 7	Twp. 20S	Rge. 38E	Is gas actually connected? No	When

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

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'
Date Spudded 9-26-83	Date Compl. Ready to Prod. 11-26-83	Total Depth 7100'	P.B.T.D. 6100'					
Elevations (DF, RKB, RT, GR, etc.) 3566' GR	Name of Producing Formation Blinebry	Top Oil/Gas Pay 5905'	Tubing Depth 6016'					
Perforations 1 SPF @ 5905, 05, 08, 12, 16, 21, 59, 61, 70, 79 & 5985'			Depth Casing Shoe 6650'					
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12-1/4"	8-5/8"		1547'		800			
7-7/8"	5-1/2"		6650'		1349			

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 10-27-83	Date of Test 11-26-83	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 24 Hrs.	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls. 75	Water - Bbls. 22	Gas - MCF 124

GAS WELL

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

Elmer Startz  
(Signature)

Region Operations Manager - Prod.

(Title)

November 29, 1983

(Date)

OIL CONSERVATION COMMISSION

APPROVED DEC 2 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 deviated 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 multiple

RECEIVED  
DEC 1 - 1983  
O.C.D.  
HOBBS OFFICE