

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NO. OF OFFICE RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATION	
PRODUCTION OFFICE	

I. 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 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 explain)
To report casinghead gas transporter and connection date

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Byers B Well No. 1 Pool Name, including Formation DRINKARD
Nadine ~~Blindery~~ West Kind of Lease State, Federal or Fee Fee Lease No.

Location
Unit Letter H : 2080 Feet From The North Line and 660 Feet From The East
Line of Section 7 Township 20S Range 38E , NMPM, Lea County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐
Koch Oil Company of Texas, Inc. Address (Give address to which approved copy of this form is to be sent)
P.O. Box 1558 - Breckenridge, Texas 76024

Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐
Phillips Petroleum Co. Address (Give address to which approved copy of this form is to be sent)
4001 Penbrook - Odessa, Texas 79762

If well produces oil or liquids, give location of tanks. Unit H Sec. 7 Twp. 20S Rge. 38E Is gas actually connected? Yes When 4-17-84

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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Restv.	Diff. Restv.
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

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	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 (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 Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Elmer Stutz
(Signature)
Region Operations Manager - Production
(Title)
April 18, 1984
(Date)

OIL CONSERVATION DIVISION

APPROVED APR 18 1984, 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 deepen 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 ownership, well name or number, or transporter, or other such change of condition.
Separate Forms C-104 must be filled for each pool in multi-completed wells.

RECEIVED
APR 18 1964
D.C.D.
HOBBS OFFICE