

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-101
Supersedes Old 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) ☐ New Well ☐ Change in Transporter oil ☐ Oil ☐ Dry Gas ☐ Recompletion ☐ Change in Ownership ☒ Change in Ownership ☐ Change in Transporter oil ☐ Oil ☐ Dry Gas ☐ Other (Please explain) Change of Operator's Name
is effective April 1, 1983.
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 C Well No. 1 Pool Name, including Formation Eymont Yates River Rivers Queen Kind of Lease State Lease No. B-1451
Location Unit Letter L : 2310 Feet From The South Line and 330 Feet From The West
Line of Section 16 Township 21S Range 36E NMPM, 197 County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS
Name of Authorized Transporter of Oil ☒ or Condensate ☐ TEXAS-NEW MEXICO Pipeline Co. Address (Give address to which approved copy of this form is to be sent) Box 2528 - Hobbs, New Mexico 88240
Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐ Phillips Petroleum Company Address (Give address to which approved copy of this form is to be sent) Box 2130 - Hobbs, New Mexico 88240
If well produces oil or liquids, give location of tanks. Unit L Sec. 16 Twp. 21S 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	Shut-In	Unit, Res'ty.
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

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. <u>Edmer Stutz</u> (Signature) <u>Region Operations Manager</u> (Title) <u>March 14, 1983</u> (Date)	OIL CONSERVATION COMMISSION APPROVED <u>APR 8 1983</u> , 19____ BY <u>ORIGINAL SIGNED BY JERRY SEXTON</u> TITLE <u>DISTRICT I SUPERVISOR</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 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 change of owner, well name or number, or transporter, or other such change of condition.
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RECEIVED

MAR 30 1983

C.C.D.
NOBBS OFFICE