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AND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PERORATION 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
Effective 1-1-65

I. Operator Cities Service Company
Address P.O. Box 1919 - Midland, Texas 79702
Reason(s) for filing (Check proper box)
New Well ☐ Change in Transporter of ☐ Other (Please explain) Change of Operator's name is
Perforation ☐ Oil ☐ Dry Gas ☐ Effective July 1, 1977.
Change in Ownership ☒ Gas ☐ Condensate ☐

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>Felton</u>	Well No. <u>1</u>	Field Name, Including Formation <u>Elmout Vals 7 Rivers Queen</u>	Kind of Lease <u>Fee</u>	Lease <u>-</u>
Location <u>C 660</u>	Feet from the <u>North</u> Line and <u>1980</u>	Feet from the <u>West</u>		
Line of Section <u>28</u>	Township <u>21S</u>	Range <u>36E</u>	N.M.P.M.	County <u>LEA</u>

III. 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)
<u>none</u>	
Name of Authorized Transporter of Gas ☐ or Dry Gas ☒	Address (Give address to which approved copy of this form is to be sent)
<u>Northern Natural Gas Company</u>	<u>Box 2300 - Midland, Texas 79701</u>
If well produces oil or liquids, give location of tanks.	Is it fully connected? <u>Yes</u> When <u>-</u>

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 Rest.	Diff. Rest.
Date Spudded	Date Compl. Ready to Prod.	Total Depth	F.R.T.D.					
Elevations (DF, RAB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Day	Testing 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/MMCF	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 Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

E. Spaulden
(Signature)
Region Operations Manager
(Title)
6/10/77
(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19____
BY _____
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 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 well in multiple.