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U.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-1
Effective 1-1-63

I. Operator
Cities Service Oil Company
Address
Box 4906 - Midland, Texas 79701
Reason(s) for filing (Check proper box)
New Well ☐ Change in Transporter of:
Recompletion ☒ Oil ☐ Dry Gas ☐
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐
Other (Please explain)
If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name State S	Well No. 5	Pool Name, Including Formation Wantz Abo	Kind of Lease State, Federal or Fee State	Lease No. B-1481
Location Unit Letter F 1980 Feet From The North Line and 1880 Feet From The West Line of Section 15 Township 21S Range 37E, 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"/> Texas-New Mexico Pipeline Company	Address (Give address to which approved copy of this form is to be sent) Box 1510 - Midland, Texas					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Skelly Oil Company - Gasoline Dept.	Address (Give address to which approved copy of this form is to be sent) Box 1650 - Tulsa, Oklahoma					
It well produces oil or liquids, give location of tanks.	Unit E	Sec. 15	Twp. 21S	Rge. 37E	Is gas actually connected? Yes	When 8-51

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	Workover	Deepen	Plug Back	Same Res't.	Diff. Res't.
Date Spudded Respud 6-12-73	Date Compl. Ready to Prod. 8-20-73	Total Depth O.T.D. 7850	P.B.T.D. 7492					
Elevations (DF, RKB, RT, GR, etc.) 3446 DF	Name of Producing Formation Abo	Top Oil/Gas Pay 6747	Tubing Depth 6678					
Perforations 1-0.42" Hole ec. @ 6747, 59, 63, 74, 90, 6813, 23, 53, 78, 84, 87, 6907, 12, 17, 23, 49, 58, 67, 85, 99, 7009, 11, 22, 28, 34, 55, 57, 68, 87, 95, 7104, 12, 27, 29, 47, 70, 92, 97, 7205, 09, 19, 66, 74, 85, 93			Depth Casing Shoe 7849					
TUBING, CASING, AND CEMENTING RECORD 7307, 35, 37, 71, 79, 89, & 7295.								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
See Original Completion Records								

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 6-18-73	Date of Test 8-20-73	Producing Method (Flow, pump, gas lift, etc.) Gas Lift	
Length of Test 24	Tubing Pressure 100	Casing Pressure 400	Choke Size
Actual Prod. During Test	Oil-Bbls. 8	Water-Bbls.	Gas-MCF 116

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. J. ...
(Signature)

Region Oper. Mgr.

(Title)

August 22, 1973

(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19____

BY *[Signature]*

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.