

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-104
Supersedes Old C-101 and C-111
Effective 1-1-83

Operator <u>Cities Service Oil & Gas Corporation</u>	
Address <u>P.O. Box 1919 - Midland, Texas 79702</u>	
Reason(s) for filing (Check proper box)	
New Well ☐	Change of Operator's Name <u>Change of Operator's Name</u>
Recompletion ☐	Other (Please explain)
Change in Ownership ☒	<u>is effective April 1, 1983.</u>

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 <u>Brunson B</u>	Well No. <u>7</u>	Pool Name, including Formation <u>Midland</u>	Kind of Lease State, Federal or Fee <u>Fee</u>	Lease No.
Location				
Unit Letter <u>N</u>	<u>622</u>	Feet From The <u>South</u>	Line and <u>1990</u>	Feet From The <u>West</u>
Line of Section <u>3</u>	Township <u>22S</u>	Range <u>37E</u>	NMPM, <u>LPD</u>	County

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>Texas-New Mexico Pipeline Co.</u>	<u>Box 2528 - Hobbs, New Mexico 88240</u>			
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☒	Address (Give address to which approved copy of this form is to be sent)			
<u>Northern Natural Gas Co.</u>	<u>Box 2370 - Hobbs, New Mexico 88240</u>			
If well produces oil or liquids, give location of tanks.	Unit <u>K</u>	Sec. <u>3</u>	Twp. <u>22S</u>	Rge. <u>37E</u>
				Is gas actually connected? <u>Yes</u>

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	Same Resv.	Diff. Resv.
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.D.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Testing 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	OIL CONSERVATION COMMISSION
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.	APPROVED <u>APR 8 1983</u> , 19
<u>Elmer Startz</u> (Signature) <u>Region Operations Manager</u> (Title) <u>March 14, 1983</u> (Date)	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 changes of owner, well name or number, or transporter, or other such change of condition.

RECEIVED
MAR 30 1983
O.C.D.
HOBBS OFFICE

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Operator <u>Cities Service Oil & Gas Corporation</u>	
Address <u>P.O. Box 1919 - Midland, Texas 79702</u>	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well ☐	<u>Change of Operator's Name</u> <u>is effective April 1, 1983.</u>
Recompletion ☐	
Change in Ownership ☒	
Change in Transporter of: Oil ☐ Gas ☐	
Casinghead Gas ☐ Condensate ☐	

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

Well Name <u>BRUNSON B</u>	Well No. <u>7</u>	Pool Name, including Formation <u>TUBB GAS</u>	Kind of Lease State, Federal or Fee <u>Fee</u>	Lease No. <u>-</u>
Location Unit Letter <u>N</u> : <u>622</u> Feet From The <u>SOUTH</u> Line and <u>1990</u> Feet From The <u>WEST</u> Line of Section <u>3</u> Township <u>22S</u> Range <u>37E</u> NMPM, <u>LEA</u> County				

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>TEXAS-NEW MEXICO PIPELINE</u>	<u>Box 2528 - HOBBS, NM 88240</u>
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☐	Address (Give address to which approved copy of this form is to be sent)
<u>NORTHERN NATURAL GAS CO.</u>	<u>Box 2370 - HOBBS, NM 88240</u>
If well produces oil or liquids, give location of tanks.	Unit <u>M</u> Sec. <u>3</u> Twp. <u>22S</u> Rge. <u>37E</u> Is gas actually connected? <u>YES</u> When <u>-</u>

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	Same as prev. Well, Restv.
Date Spudded	Date Compl. ready to Prod.		Total Depth		P.B.T.D.		
Elevations (DF, RKB, RT, CR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Testing Depth		
Perforations					Depth Casing Shoe		

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

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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	Lbbs. Condensate/MSCF	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.

Elmer Startz
(Signature)
Region Operations Manager
(Title)
March 11, 1983
(Date)

OIL CONSERVATION COMMISSION

APPROVED APR 8 1983, 19
BY ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR
TITLE _____

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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.

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