

DISTRIBUTION		
ANTA FE		
ILE		
3 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
Effective 1-1-65

I. Operator
Cities Service Oil Company
Address
P.O. Box 1919 - Midland, Texas 79701
Reason(s) for filing (Check proper box)
New Well ☐ Change in Transporter of ☐
Recompletion ☐ Oil ☐ Dry Gas ☐ To correct the gas pipeline connection
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐ date.....
If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Brunson B	Well No. 7	Pool Name, Including Formation Tubb Gas - Tubb	Kind of Lease State, Federal or Fee Fee	Lease No. ----
Location Unit Letter N 622 Feet From The South Line and 1990' Feet From The West Line of Section 3 Township 22S Range 37E NMPLM, Lea Count				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" 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 79701					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> Northern Natural Gas Company	Address (Give address to which approved copy of this form is to be sent) 2223 Dodge St. - Omaha, Nebraska					
If well produces oil or liquids, give location of tanks.	Unit K	Sec. 3	Twp. 22S	Rge. 37E	Is gas actually connected? Yes	When August 15, 1974

If this production is commingled with that from any other lease or pool, give commingling order number: **PC - 60**

IV. COMPLETION DATA

Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'tv.	Diff. Res'tv.
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 C. 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. - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity or Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size

VI. CERTIFICATE OF COMPLIANCE

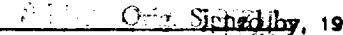
I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.


(Signature)

Region Operation Manager
(Title)

August 15, 1974
(Date)

OIL CONSERVATION COMMISSION

APPROVED  Signed by, 19

BY **Joe D. Ramey**
Dist. I, Supv.

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 pool in multiple.

NO. OF COPIES RECEIVED		
DISTRIBUTION		
SANTA FE		
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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-110
Effective 1-1-65

Operator CITIES SERVICE OIL COMPANY	
Address Box 4906 - Midland, Texas 79701	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input type="checkbox"/>	Change in Transporter of:
Recompletion <input checked="" type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>

If change of ownership give name
and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name Brunson B	Well No. 7	Pool Name, Including Formation Tubb Gas - Tubb	Kind of Lease State, Federal or Fee	Fee	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> , NMFM, Lea County					

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)				
Texas - New Mexico Pipeline Company	Box 1510 - Midland, Texas 79701				
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)				
Northern Natural Gas Company	2223 Dodge St. - Omaha, Nebraska				
If well produces oil or liquids, give location of tanks.	Unit K	Sec. 3	Twp. 22S	Rge. 37E	Is gas actually connected? <input checked="" type="checkbox"/> When 4-16-74

If this production is commingled with that from any other lease or pool, give commingling order number: PC - 60

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
		X		X				X
Date Spudded Respudded 4-12-74	Date Compl. Ready to Prod. 4-20-74		Total Depth 6548'		P.B.T.D. 6470'			
Elevations (DF, RKB, RT, GR, etc.) 3418' GR.	Name of Producing Formation Tubb		Top Oil/Gas Pay 5887'		Tubing Depth 6289'			
Perforations 2-0.41" Holes each @ 5887'-5891'-5905'-5913'-5923'-5938'-5946'- 5953'-5962'-5970'-5976'-5985'-5997'-6009'-6018'-6027'-6040'-6054'- 6059'-6066'-6077'-6095'-6112'-TUBING, CASING, AND CEMENTING RECORD 6121' and 6138'					Depth Casing Shoe			
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
SEE ORIGINAL COMPLETION DATA								

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 900	Length of Test 24 Hrs.	Bbls. Condensate/MMCF 2.22	Gravity of Condensate 39.4%
Testing Method (pitot, back pr.) ----	Tubing Pressure (shut-in) -----	Casing Pressure (shut-in) -----	Choke Size 1"

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.



REGION OPERATION MANAGER

(Title)

April 25, 1974

(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.