DISTRIFUTION ANTA FE	NEW MEXICO OIL
ILE .5 G.S. AND OFFICE TRANSPORTER GAS OFERATOR PRORATION OFFICE	AUTHORIZATION TO TI
Cities Service Oil (Company
Adoress	
P.O. Box 1919 - Midl Reason(s) for fring (Careck proper	box
necompletion Change in Ownership	Change In Transporter (f: OII Dry (Casinghead Gas Cond
If change of ownership give named address of previous owner _	e
II. DESCRIPTION OF WELL AN leave Name Brunson B	Well No. Pool Name, Including 7 Tubb Gas - Tu
	Feet From The South L
Line of Section 3	Township 225 Range
III. DESIGNATION OF TRANSPO	RTER OF OIL AND NATURAL G
Name of Authorized Transporter of Texas-New Mexico Pip	eline Company
Name of Authorized Transporter of Northern Natural Gas	Casinghead Gas or Dry Gas 🛣
If well produces oil or liquids,	Unit Sec. Twp. Rec.
give location of tanks.	K 3 22S 37E
IV. COMPLETION DATA	with that from any other lease or pool Oil Well Gas Well
Designate Type of Comple	tion - (X)
Date Spudded	Date Compl. Ready to Prod.
Elevations (DF, RKB, RT, GR, etc.,	Name of Producing Formation
Perforations	
	TIPING CASING AND
HOLE SIZE	TUBING, CASING, AN CASING & TUBING SIZE
V TECT NATA AND DECKEED	DOD ATT OWARY F
V. TEST DATA AND REQUEST I	able for this d
Date First New Oil Run T. Tanks	Date of Test
Length of Test	Tubing Pressure
Actual Prod. During Test	Oil-Bbls.
CAS WESTER ASSESSED SOBE-MORTO	Length of Test
Teating Method (pitot, back pr.)	Tubing Pressure (Shut-in)
VI. CERTIFICATE OF COMPLIAN	ICE
Commission have been complied	regulations of the Oil Conservation with and that the information given the best of my knowledge and belief.
O 4 -	

(Signature)

(Title)

(Date)

Region Operation Manager

August 15, 1974

CONSERVATION CO SION

ANTA FE	REQUES	ST FOR ALLOWABLE	Supersedes Old C-104 and	
.5 G.SAND OF FICE IRANSPORTER OIL	AUTHORIZATION TO T	AND RANSPORT OIL AND NATUR	Effective 1-1-65	
OFERATOR PRORATION OFFICE				
Cities Service Oil	Company			
P.O. Box 1919 - Mic				
Reason(s) for filing (Chenk prope	Hand, Texas 79701	Arms . Firese - Stain	<i>)</i>	
necompletion	Change in Transporter (f) OII Dry	To correct th	ne gas pipeline connection	
Change in Ownership		Gas date		
If change of ownership give nar and address of previous owner	ne			
1. DESCRIPTION OF WELL A				
Brunson B	Well No. Poel Name, Including 7 Tubb Gas - T		Lease !	
Location Unit Letter N		3000	rom The West	
Line of Section 3	Township 22S Range	37E NMPM, Lea		
I. DESIGNATION OF TRANSP	ORTER OF OIL AND NATURAL G			
Name of Authorized Transporter of Texas-New Mexico Pi		Ť	approved copy of this form is to be sent)	
Name of Authorized Transporter of	Casinghead Gas or Dry Gas 7	Box 1510 - Midland, Texas 79701 Address (Give address to which approved copy of this form is to be sent)		
Northern Natural Ga		2223 Dodge St Om	aha, Nebraska	
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rcc. K 3 22S 37E	Is gas actually connected? Yes	August 15, 1971	
If this production is commingled. COMPLETION DATA	with that from any other lease or pool			
Designate Type of Compl	etion (X)	New Well Workover Deeper	Plug Back Same Restv. Diff. Re	
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, AN	D CEMENTING RECORD		
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
TEST DATA AND REQUEST OIL WELL	able for this d	epth or be for full 24 hours)	oil and must be equal to or exceed top all	
Date First New Oil Run T. Tanks	Date of Test	Producing Method (Flow, pump, ga	s lift, etc.;	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size	
Actual Proa. During Test	Oil-Bbis.	Water-Bbis.	Gas - MC.	
ুক্তি পুৰা ব				
CAS RECL SON SEED SEEDINGER	Length of Test	Bbls. Condensate/MMCF	Gravity or Condensate	
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size	
CERTIFICATE OF COMPLIA	NCE	11	VATION 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	Joe D. Ramey Dist. I, Supv.	
		BY	Joe D. Ramey	
	,	TITLE		
Q_{I}				
S. Linda		This form is to be filed in compliance with RULE 1104.		

If this is a request for allowable for a newly drilled or deepenewell, this form must be accompanied by a tabelation of the deviation tests taken on the well in accordance with AULE 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 filled for each post in multiple

HO. OF COPIES REC	EIVED	1	
DISTRIBUTION			
SANTA FE			
FILE			
U.S.G.S.			
LAND OFFICE			
IRANSPORTER	OIL		
	GAS		
OPERATOR			
PRORATION OFFICE			
Operator			

SANTA FE FILE U.S.G.S. LAND OFFICE	REQUE	REQUEST FOR ALLOWABLE AND ON TO TRANSPORT OIL AND NATURAL GAS Form C-104 Superzedes Old C-104 and C-11 Effective 1-1-65			
TRANSPORTER OIL GAS OPERATOR				٠	
I. PRORATION OFFICE Operator					
Address CITIES SERVI	CE OIL COMPANY				
Box 4906 - M Reason(s) for filing (Check prope	idland, Texas 79701	Other (Please	se explain)		
New We!!	Change in Transporter of:		, , , , , , , , , , , , , , , , , , , ,		
Change in Ownership		Cias			
If change of ownership give na and address of previous owner		****		1	
II. DESCRIPTION OF WELL A	ND LEASE Well No. Pool Name, Including	Formation	Kind of Lease		
Brunson B	7 Tubb Gas - 1		State, Federal or Fee	Fee	
Location Unit Letter N ;	622 Feet From The South	Line and 1990	Feet From The	West	
Line of Section 3	Township 22S Range	37E , NMF1		County	
	ORTER OF OIL AND NATURAL (
Name of Authorized Transporter of Texas - New Mexico	Pipeline Company	Box 1510 - M	idland. Texas	of this form is to be sent)	
Name of Authorized Transporter of Northern Natural G	f Casinghead Gas or Dry Gas 🔀	Address (Give address	to which approved copy	of this form is to be sent)	
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge.	Is gas actually connect	Omaha, Neb when 4-16-7		
If this production is commingle. COMPLETION DATA	d with that from any other lease or poo				
Designate Type of Comp	letion - (X) Oil Well Gas Well	New Well Workover	Deepen Plug B	Same Restv. Diff. Restv.	
•	Date Compl. Ready to Prod.	Total Depth	P.B.T.	D.	
4-12-74 Elevations (DF, RKB, RT, GR, et	4-20-/4 Name of Producing Formation	65481 Top Oil/Gas Pay	Tubing	6470 ¹ Depth	
3418' GR. Perforations 2-0.41" Holes	Tubb each @ 5887'-5891'-5905'	<u> 5887 </u> -5913 -5923 -593	81-59461 - Depth	6289 Casing Shoe	
5953'-5962'-5970'-5	5976'-5985'-5997'-6009'-60 5095'-6112'-Tubing, casing, ai	18'-6027'-6040'-	60541-	01	
HOLE SIZE	CASING & TUBING SIZE	DEPTH S		SACKS CEMENT	
SEE ORIG	INAL COMPLETION DATA				
. TEST DATA AND REQUEST OIL WELL		lepth or be for full 24 hours)	be equal to or exceed top allow-	
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 - M	CF	
GAS WELL					
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCI		of Condensate	
900 Testing Method (pitot, back pr.)	24 Hrs. Tubing Pressure(shut-is)	2.22 Casing Pressure (Shut)	-in) Choke S	39.4% size	
. CERTIFICATE OF COMPLI	ANGE.			LR .	
. CERTIFICATE OF COMPLI	INCE		CONSERVATION C	COMMISSION	
Commission have been complie	nd regulations of the Oil Conservation d with and that the information given the best of my knowledge and belief.		Alla in	, 19	
		TITLE SU		C. Con r	
Expireld	1		be filed in compliance	:- With RULE 1104.	
·	(mature)	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			
REGION OPE	REGION OPERATION MANAGER		tests taken on the well in accordance with RULE 111, All sections of this form must be filled out completely for allow-		
	(Title) 25, 1974	able on new and rec	completed wells.	4 VI for changes of owner,	
	(Date)	well name or number	or transporter, or other	er such change of condition.	

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.