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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-110
Effective 1-1-65

I. Operator
CITIES SERVICE OIL COMPANY
Address
P.O. Box 69, Hobbs, New Mexico 88240
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 Brunson B	Well No. 7	Pool Name, including Formation Drinkard-Drinkard	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 , NMPM, Lea County					

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input 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 Approx. Center of Lease	Sec. Twp. Rge. No Will be connected 12-8-72

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 Res'v.	Diff. Res'v.
		X		X			X	
Date Spudded	Date Compl. Ready to Prod. 11-8-72		Total Depth 6548		P.B.T.D. --			
Elevations (DF, RKB, RT, GR, etc.) 3418 GR	Name of Producing Formation Drinkard		Top Oil/Gas Pay 6181		Tubing Depth 6110			
Perforations 1/2" hole at 6181, 6193, 6207, 6218, 6234, 6254, 6264, 6270, 6290 1/2, 6296, 6306, 6307, 6311, 6325, 6337, 6349, 6361, 6370, 6401, 6406, 6412, 6429, 6439, 6449, 6455, 6465					Depth Casing Shoe 6476			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
See old casing record								

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 1408	Length of Test 24 hrs.	Bbls. Condensate/MMCF 9	Gravity of Condensate 38.0
Testing Method (pitot, back pr.) --	Tubing Pressure (Shut-in) --	Casing Pressure (Shut-in) --	Choke Size 20/64"

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.

C. Robertson

(Signature)

District Administrative Supervisor

(Title)

December 1, 1972

(Date)

OIL CONSERVATION COMMISSION

APPROVED

DEC 5 1972

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BY

TITLE

SUPERVISOR DISTRICT I

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 multiply accumulated wells.