

DISTRIBUTION			
SANTA FE			
OIL			
G.S.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-104 and
Effective 1-1-65

I. Operator
Cities Service Oil Company
Address
Box 1919 - 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)
To report dry gas connection date...
If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE
Lease Name **Brunson B** Well No. **2** Pool Name, including Formation **Drinkard (Assoc. Gas) - Drkd.** Kind of Lease **Fee** Lease No. **---**
Location
Unit Letter **K** **1912** Feet From The **South** Line and **1912** 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 ☐ or Condensate ☒
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 ☐ or Dry Gas ☒
Northern Natural Gas Company Address (Give address to which approved copy of this form is to be sent)
Box 3316 - Midland, Texas 79701
Is well produces oil or liquids, give location of tanks. Unit **N** Sec. **3** Twp. **22S** Rge. **37E** Is gas actually connected? **Yes** When **August 6, 1974**

If this production is commingled with that from any other lease or pool, give commingling order number: **PC-336**

IV. COMPLETION DATA
Designate Type of Completion - (X) Oil Well Gas Well New Well Workover Deepen Plug Back Same Restv. Diff. Restv.
Redpudded ☒ ☒ ☐ ☒ ☐ ☐ ☒ ☐ ☐
Date ~~xxxx~~ **1-30-74** Date Compl. Ready to Prod. **3-5-74** Total Depth **O.T.D. 6567' Lime** P.B.T.D. **6472'**
Elevations (DF, RKB, RT, GR, etc.) **3420' GR** Name of Producing Formation **Drinkard (Gas)** Top Oil/Gas Pay **6302'** Tubing Depth **6466'**
Perforations **1-0.46" hole each @ 6302', 6310', 6322', 6332', 6346', 6354', 6388', 6398', 6408', 6420', 6428', 6440', 6455' and 6478'** Depth Casing Shoe **6495'**
TUBING, CASING, AND CEMENTING RECORD
POLE 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 Check Valve
Actual Prod. During Test Oil/Gas

GAS WELL
Actual Prod. Test-MCF/D Length of Test Bbls. Condensate MCF Casing Pressure (shut-in) Check Valve
637 **24 Hrs.** **6.27** **45.70**
Testing Method (pilot, back pr.) Tubing Pressure (shut-in) Casing Pressure (shut-in) Check Size
Back Press. **---** **---** **28/64"**

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.

(Signature)
Region Operation Manager
(Title)
August 15, 1974
(Date)

OIL CONSERVATION COMMISSION
APPROVED _____, 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 to multiple