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U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OFFICE		

NEW MEXICO OIL CONSERVATION COMMISS
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)
Rededication of acreage

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 Blinebry Gas - Blinebry	Kind of Lease State, Federal or Fee Patented	Lease No. 30022504
Location Unit Letter K ; 1912 Feet From The South Line and 1912 Feet From The West Line of Section 3 Township 22S Range 37E , N.M.P.V., Lea County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Texas New Mexico Pipeline	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1510, Midland, Texas 79701			
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> Waffar Petroleum Corp.	Address (Give address to which approved copy of this form is to be sent) Box 1197, Eunice, New Mexico 88231			
If well produces oil or liquids, give location of tanks.	Unit N	Sec. 3	Twp. 22S	Rge. 37E
			Is gas actually connected?	When
			No	

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						
Date Spudded Recompleted 9-30-64	Date Compl. Ready to Prod. 10-25-65		Total Depth 6567'		P.B.T.D. -			
Elevations (DF, RKB, RT, GR, etc.) 3420' G.L.	Name of Producing Formation Blinebry		Top Oil/Gas Pay 5785'		Tubing Depth 5756'			
Perforations					Depth Casing Shoe			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17 1/4"	13 3/8"		297'		300			
11 1/4"	9 5/8"		2793'		500			
7 7/8"	5 1/2"		6495'		350			

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

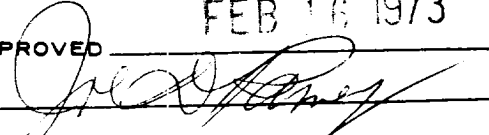
GAS WELL

Actual Prod. Test-MCF/D 360.0	Length of Test 24 hrs.	Bbls. Condensate/MMCF 8/360	Gravity of Condensate 38
Testing Method (pilot, back pr.) Test Separator	Tubing Pressure (Shut-in) 600 psi	Casing Pressure (Shut-in) 600 psi	Choke Size 31/64"

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)
Production Engineer
(Title)
November 3, 1972
(Date)

OIL CONSERVATION COMMISSION
FEB 16 1973
APPROVED _____, 19____
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 completed wells.

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