

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

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

I.

Operator Cities Service Oil Co.	
Address Box 69, Hobbs, New Mexico 88240	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input checked="" type="checkbox"/>	PURSUANT TO THE POOL RULE THIS AUTHORITY TO PRODUCE AND TRANSPORT OIL AND NATURAL GAS IS AUTOMATICALLY GRANTED BY THE COMMISSION OR AN AUTHORIZED EXEMPTION TO THE POOL RULE HAS BEEN OBTAINED BY:
Recompletion <input type="checkbox"/>	
Change in Ownership <input type="checkbox"/>	
Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <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 C	Well No. 9	Pool Name, Including Formation Penrose Skelly	Kind of Lease State, Federal or Fee Fee	Lease No. -
Location				
Unit Letter J	1880	Feet From The South	Line and 1980	Feet From The East
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 checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Texas-New Mexico Pipe Line Co.	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 type="checkbox"/> Vented (Negotiating Gas Contract)	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 J	Sec. 3	Twp. 22S	Rge. 37E	Is gas actually connected? No	When -

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 <input checked="" type="checkbox"/>	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded 1-23-70	Date Compl. Ready to Prod. 2-17-70	Total Depth 4000	P.B.T.D. 3868					
Elevations (DF, RKB, RT, GR, etc.) 3403 GR	Name of Producing Formation Grayburg	Top Oil/Gas Pay 3690	Tubing Depth 3650					
Perforations 1 shot per ft. as follows: 7 holes 3690-96, 6 holes 3718-23, 6 holes 3731-36, 6 holes 3742-47, 5 holes 3831-35 & 8 holes 3844-51.			Depth Casing Shoe 4000					
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12 1/4"	8 5/8"		325		300 (circulated)			
7 7/8"	5 1/2"		4000		305			
	2 3/8"		3650		Set			

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 2-17-70	Date of Test 2-17-70	Producing Method (Flow, pump, gas lift, etc.) Swabbing	
Length of Test 24 hrs.	Tubing Pressure -	Casing Pressure -	Choke Size -
Actual Prod. During Test	Oil-Bbls. 33	Water-Bbls. 231	Gas-MCF 100

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, 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)

District Administrative Supervisor

(Title)

2-19-70

(Date)

OIL CONSERVATION COMMISSION

APPROVED

(Signature) 1-19-70 1370

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BY

TITLE

(Signature) DISTRICT 1

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 Form C-104 must be filed for each pool in multiply completed wells.