## STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

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## OIL CONSERVATION DIVISION P. O. BOX 2088 SANTA FE, NEW MEXICO 87501

Form C-104 Revised 10-01-78 Format 06-01-83 Page 1

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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Research: for filing (Check proper box)    New Yell	Operdior			
Reston(s) for filing (Check proper box)  New Well  New Well  Recompletion  Cli  Change in Transporter of:  OII  Change of Ownership give name and address of previous owner  Cities Service Oil & Cas Corp. P. O. Box 50250, Midland, TX 79710  If change of ownership give name and address of previous owner  Cities Service Oil & Cas Corp. P. O. Box 50250, Midland, TX 79710  II. DESCRIPTION OF WEIL AND LEASE  Lease Name  State P  4 Brunson, Abo South  State, Federal or Fee State  10226  Location  Unit Letter M  660 Feet From The South Line and 660 Feet From The West.  Line of Section 32 Township 22S Range 38E NMPM, Lea County  III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS  Rems of Authorized Transporter of Oil X or Concensate  P. O. Box 2528 - Hobbs, New Mexico 88240  Texas-New Mexico Pipeline Company Name of Authorized Transporter of Casinghead Gas or Dry Gas Address four address to which approved copy of this form is to be sent)  If the production is commingled with that from any other lease or pool, give commingling order number:  NOTE: Complete Parts IV and V on reverse side if necessary.  VI. CERTIFICATE OF COMPLIANCE  In hereby certify that the rules and regulations of the Oil Conservation Division have been compliced with and that the information given is true and complete to the best of been compliced with and that the information given is true and complete to the best of been compliced with and that the information given is true and complete to the best of been compliced with and that the information given is true and complete to the best of the provided complete to the best of the provided complete to the best of the best of the provided complete to the best of the post of the provided complete to the best of	OXY USA Inc.			
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Condensate   Con				
If change of ownership give name address of previous owner Cities Service Oil & Gas Comp. P. O. Box 50250, Midland, TX 79710  II. DESCRIPTION OF WEIL AND LEASE  Lease Name Well No. Pool Name, Include A Fortage State P 4 Brunson, Abo South State, Federal or Fee State 10226  Location  Unit Letter M: 660 Feet From The South Line and 660 Feet From The West  Line of Section 32 Township 225 Range 38E NMPM, Lea County  III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS  Name of Authorized Transporter of Oil & or Concensate Address to which approved copy of this form is to be sent/  Texas-New Mexico Pipeline Company  Name of Authorized Transporter of Casinghead Gas or Dry Gas Address (Give address to which approved copy of this form is to be sent/  If well produces oil or liquide.  If well produces oil or liquide.  If well produces oil or liquide.  If this production is commingled with that from any other lease or pool, give commingling order number:  NOTE: Complete Parts IV and V on reverse side if necessary.  VI. CERTIFICATE OF COMPLIANCE  I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given is true and complete to the best of been complied with and that the information given is true and complete to the best of been complied with and that the information given is true and complete to the best of been complied with and that the information given is true and complete to the best of been complied with and that the information given is true and complete to the best of been completed with and that the information given is true and complete to the best of been completed with and that the information given is true and complete to the best of been completed with and that the information given is true and complete to the best of been completed with and that the information given is true and complete to the best of been completed.	Recompletion	affortiv	e April 1, 1988	
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This form is to be filed in compliance with RULE 1104.	0 4//	This form is t	o be filed in compliance with Ri	JLE 1104.
This form is to be filed in compliance with RULE 104.  If this is a request for allowable for a newletter of the devices.		If this is a rec	quest for allowable for a newly d	rilled or deepens
(Signature) F. A. Vitrano well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.	(Signature) F. A. Vitrano	well, this form mus	well in accordance with RULE	111-
District Operations Manager - Production  All sections of this form must be filled out completely for allowable on new and recompleted wells.		All sections o	f this form must be filled out con	npletely for allo
Marson 15 1000 First only Sections I II. III. and VI for changes of owns	[ 4 10 0 <del>6</del> /	Epie ou new suc u		
Well name or number, or transporter, or other such change of condition	March 15 1988	Fill out only	Sections I. II. III, and VI for c	hanges of owne
Separate Forms C-104 must be filed for each pool in multip completed wells.	March 15, 1988 (Date)	well name or number	er, or transporter, or other such ch	auda ot countrie

## DISTRIBUTION NEW MEXICO OR, CONSTRUCTION COM 101 БАНГА ГЕ Dim C-104 REQUEST FOR ALLOWABLE FILE Supersedes Old C-101 and C-11 Effective 1-1-64 **CHA** U.S.G.S. AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS LAND OFFICE OIL **IMANSPORTER** GAS OPERATOR PROBATION OFFICE Operator Service Oil + Gas Corporation (Please explain) New Wall Change of Operator's Name Change in Transporter of: Recompletion 011 Change In Ownership effective April 1, 1983. Casinghead Gas If change of ownership give name (-1.0. Box 1919-Midland, Texas 7970 and address of previous owner. DESCRIPTION OF WELL Kind of Lease State, Federal or Fee DESIGNATION OF TRANSPORTED OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil Andress (Give address to which approved copy Pipeline Co. exas New BOX 2528 -MEXICO or Dry Ges Address (Give address to which approved copy of this Twn. Is gas actually connected? If well produces oil or liquids, 255 give location of tenks. NO If this production is commingled with that from any other loase or pool, give commingling order numbers COMPLETION DATA Oil Well Workover Plug Back Saine Heafy, Dail. Reafy. Designate Type of Completion - (X) Date Spudded Date Compl. Ready to Pred Total Depth P.B.T.D. Elevations (DF, RKD, RT, GR, etc.) Nume of Producing Formation Top Oil/Gas Pay Tuting Depth Perforations Depth Casing Shoo TUBING, CASING, AND CEMENTING RECORD HOLE SIZE CASING & TUBING SIZE DEPTH SET SACKS CEMENT TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total valume of land oil and must be equal to or exceed top allowable for this depth or be for full 21 hours) OH WELL Date First New Oil Run To Tanks Date of Test Producing Method (Flow, pump, gas lift, etc.) Longth of Tost Tubing Pressure Coning Pressure Choke Size Actual Fred, During Tool O11 - Bblo. Water - Dola. Gun - MCF GAS WELL Actual Frod. Tont- MCF/D Longth of Tock Libla. Condensate/MMCF Gravity of Condensate Yeating kiethod (picot, back pr.) Tubing Prossure (Shut-in) Coulng Pressure (Lhut-in) Choke Size ENTRICATE OF COMPLIANCE OIL CONSERVATION COMMISSION APR 8 1983 hereby cartify that the rules and regulations of the Oil Conservation APPROVED minicalen have been complied with and that the information given ave in true and complete to the best of my knowledge and belief. ORIGINAL SIGNED BY JERRY SEXTON DISTRICT I SUPERVISOR TITLE \_

This form is to be filed in compliance with RULE 1104.

If this is a request for alloyable for a newly diffled or despendently, this form must be accompanied by a tabulation of the deviction tests taken on the well in accordance with RULE 111.

All needless of this ferm must be filled out completely for allowthic on new and is completed wells.

Fill out-only factions I, II, III, and VI for cheaper of owner, will name or number, or treospecter, or other such closings of scendition.

MAR 30 1983
HOBBS OFFICE

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