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U.S.G.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 C-111
Effective 1-1-65

Operator Cities Service Company		
Address Box 1919 Midland, TX 79702		
Reason(s) for filing (Check proper box)		Other (Please explain)
New Well <input checked="" type="checkbox"/>	Change in Transporter of:	11/2/80 SECTION 20 R-4070
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>	
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	

If change of ownership give name
and address of previous owner

THIS WELL HAS BEEN PLACED IN THE POOL
DESIGNATED BELOW. IF YOU DO NOT CONCUR
NOTIFY THIS OFFICE.

II. DESCRIPTION OF WELL AND LEASE

Lease Name BRUNSON C	Well No. 13	Pool Name, Including Formation Und. Wantz Abo R-6499	Kind of Lease State, Federal or Fee Fee	Lease No.
Location Unit Letter I ; 2080 Feet From The South Line and 760 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 Pipeline Co.	Address (Give address to which approved copy of this form is to be sent) Box 1510, Midland, TX 79702					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Getty Oil Co.	Address (Give address to which approved copy of this form is to be sent) Box 1231, Midland, TX 79702					
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 <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'tv.	Diff. Res'tv.
Date Spudded 6/17/80	Date Compl. Ready to Prod. 9/5/80	Total Depth 7504'	P.B.T.D. 7265'					
Elevations (DF, RKB, RT, GR, etc., 3383' GR	Name of Producing Formation ABO	Top Oil/Gas Pay 6617'	Tubing Depth 6490'					
Perforations 1 0.40" SPF @ 6617, 6622, 6642, 6652, 6657, 6660, 6673, 6681, 6696, 6759, 6776, 6821, 6829, 6835, 6847, 6849, 6853, 6883, **		Depth Casing Shoe 7502'						
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET		SACKS CEMENT				
17 1/2"	13-3/8"	35'		2 1/2 Yds Redi Mix				
12 1/4"	8-5/8"	1,195'		620 sacks				
7-7/8"	5 1/2"	7,502'		2250 sacks				

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)

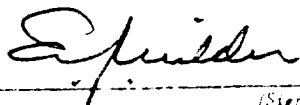
Date First New Oil Run To Tanks 9/2/80	Date of Test 9/5/80	Producing Method (Flow, pump, gas lift, etc.) Flowing	
Length of Test 24 Hrs	Tubing Pressure 55#	Casing Pressure	Choke Size 30/64"
Actual Prod. During Test	Oil-Bbls. 56	Water-Bbls. 0	Gas-MCF 495

GAS WELL

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



Region Operations Manager

9/11/80

(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19__

BY _____

TITLE SUPERVISOR DISTRICT

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 multiple completed wells.

* 6900, 6917, 6920, 6923, 6960, 6966, 6967, 6980,
6981, 7013, 7022, 7060, 7075, 7112, 7113, 7182,
7184, 7185